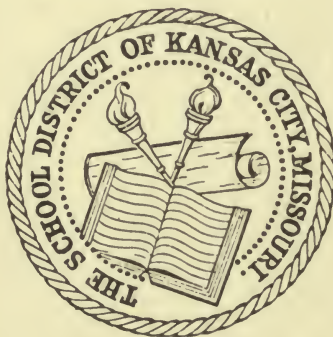




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Journal  
of  
Social Hygiene

A Happy New Year  
to  
our Readers and Friends!

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National Social Hygiene Day  
February 4, 1948

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# Journal of Social Hygiene

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**A Happy New Year  
to  
our Readers and Friends!**

EDITORIAL

## FAITH, WORKS, AND SOCIAL HYGIENE PROGRESS

Where do we stand—how far have we travelled—on the road towards long-range social hygiene objectives? How, in practical, down-to-earth terms, can we measure progress? What are the problems confronting us? What are the essential factors for success in solving these problems? These are questions which thoughtful social hygiene workers constantly ask themselves in seeking to evaluate their efforts and in planning for the future, and which may well be asked with redoubled emphasis as we begin this year's endeavor—for 1948 seems likely to be difficult and indeed crucial in all that pertains to human welfare and human relations.

To each of these questions, each seeker for truth will find his own answer, shaped on his own experience and his own hopes and aims. All, however, are bound to agree upon certain general principles of philosophy and action, such as those summed up so helpfully and clearly in the letter to a social hygiene society executive from the chief of the U. S. Public Health Service's VD Division which we quote below, and which the Editors believe may well serve as both a challenge and inspiration for the New Year.

Dr. Harriet S. Cory, Executive Director  
Missouri Social Hygiene Association  
3713 Washington Boulevard, St. Louis 8, Missouri

*Dear Dr. Cory:*

Since our recent conversation in Washington I have been giving serious consideration to the question you posed: Namely, can advances in the field of social hygiene be measured quantitatively? Generally speaking, I am convinced the answer is "no".

The reasons are several. Social hygiene deals principally with basic intangibles involving human values and motivations. Secondly, social hygiene has to do with certain more or less pathological end-results of low values and poor motivations—i.e., venereal disease and juvenile delinquency. It is also concerned with several techniques aimed at removing poor end-results and improving values and motivations—i.e., venereal disease control, sex education, community education.

Improvements in human values and motivations can hardly be quantitatively analyzed. Certain changes, as represented by words and actions, may be recorded by the sociologist and psychologist, but I venture to say that in the final analysis these fundamental concerns of social hygiene are matters of philosophical and moral evaluation. This very element, of course, underscores the paramount importance of social hygiene as a prime interest of every individual.

At first glance it may seem that the pathological end-results and the techniques applicable to them, with which the social hygiene movement is concerned, might very well be measured quantitatively. There are, however, very real limitations. For example, an increase in juvenile delinquency does not necessarily follow from data showing an increase in juvenile arrests, for these data may be significantly influenced by administrative and court policies and definitions. The degree of current public interest and other factors may also affect the situation. Generally, quantitative indices of crime and delinquency, disease, public assistance, etc., reflect so many variables and in particular are so influenced by the kind and degree of program activity of agencies concerned, as not to be uncritically accepted as measurements of accomplishment.

In the specific field of venereal disease control, for example, there are national data for mortality trends which we feel reflect real progress. Generally speaking, we can identify the important variables involved in the general rate, although this is more difficult in the infant rate. National morbidity trends are less definitive because of the many variables of funds, activities and policies. These data, however, at least provide trends.

The use of either mortality or morbidity data on a State or local basis, however, is subject to grave limitations. The extent of reporting may significantly influence the trend or level. The actual efficiency of a control program may even be revealed in high, rather than low,



morbidity figures. A State with premarital or prenatal anti-syphilis legislation may show high serologic testing levels yet not reveal large numbers of syphilis cases.

There are many other measures of activity and efficiency involved in venereal disease control, but each is specific to some technical aspect and must be considered in relationship to all the rest. In the last analysis, therefore, efficiency and accomplishment even in this scientific field is a qualitative evaluation.

Regarding still other social hygiene technics, measurement is subject to interpretation. A program of sex education is neither a success nor a failure on the basis of the number of parents, teachers or children reached, but is an accomplishment in terms of its social, psychological, moral and scientific impact. Numbers of lectures given, leaflets distributed and conferences held are important indications of activity, not necessarily of progress. Modern social hygiene which deals with the all-important social and environmental elements, such as economic status, recreation, housing, can, undoubtedly, influence related indices. But, how much and when are imponderables.

In some respects this difficulty in direct evaluation is unfortunate. For the same reason that quantitative measurement is impracticable, concrete specification of program is also difficult. Consequently, it is sometimes hard to obtain spontaneous and wide support for social hygiene programs, with the result that basic interpretative efforts are constantly required. Personally, I feel that considerable faith and personal determination to help mold a stronger social framework is necessary in those who conscientiously and actively comprise the social hygiene movement. We owe it to them to report activities and such quantitative data as may be available, with appropriate technical interpretations, so that in their own terms, they may evaluate progress. This, to me, is the democratic process at work.

*Sincerely yours,*

J. R. HELLER, JR.

*Medical Director,*

*Chief, Venereal Disease Division,  
United States Public Health Service*

Faith plus works, then, are prime ingredients of progress in social hygiene as in all other matters. If we leaven with vision, courage and humanity the results are bound to be good, whether or not measurable by quality or quantity.

## MORALS, ETHICS AND THE PURPOSES OF SEX \*

SEWARD HILTNER

*Executive Secretary, Commission on Religion and Health, Federal  
Council of the Churches of Christ in America*

Following an address I once made upon this subject, an intelligent young hygiene teacher expressed honest appreciation for what I had said about the relevance of ethics to teaching about sex conduct. Then she said, "But I don't see how I can do anything about this with my high school young people." I replied, "Then you mean you don't have any of them coming to you to ask about petting?" She protested, "Oh, yes, they do that all the time." My question, "What do you say when they come to you?" She was puzzled, "Why, I give them all the reasons why they shouldn't, of course." I was silent and she thought a moment, then burst out, "Why, I see what you mean. Thinking it through and hearing the reasons aren't the same thing. I guess I could use ethics after all."

The story epitomizes what seems to me to be very nearly the major problem today in relation to venereal disease education in particular and to sex education in general; i.e. the confusion between what I shall call here morals and ethics. In confining the discussion to this particular approach, I intend to minimize in no way the importance of other things such as, education about the physical facts of sex, the medical aspects of venereal disease control, and many others. Their significance is taken for granted. But I think they will not be effective unless there is also present what this article discusses.

### MORALS AND ETHICS

The word "morals" is derived from the Latin "mores," meaning customs. It can also mean a great deal more than that, as for instance when we speak of the "moral law." Whether we like it or not, however, the most general connotation of the term is conventionality, i.e., one is being moral when he is following rigidly the conventions or rules about right and wrong as laid down by any particular society. Philosophers sometimes reserve the term "moralism" for such legalistic views of right and wrong, permitting the word "morals" to have broader connotations. I am not necessarily suggesting that we not talk about "morals," but I think we had better stop doing so in connection with such matters as sex unless at the same time we indicate that we do not mean merely legalistic following of convention.

\* Adapted from an address given at the Institute on Health and Human Relations, University of Pennsylvania, July, 1946. The author desires to say that the theories discussed in the article are to be considered as representing his personal views, rather than in his capacity as an executive of the Federal Council of Churches.



The word "ethics," partly because it is in less general use, and partly for other reasons, would seem to be much more suitable in an effective and relevant discussion of the right and wrong of such things as sex conduct. As I would use "ethics," it has or can easily be made to have a general connotation involving freedom, which seems to be difficult or impossible to put into "morals." The freedom meant may be illustrated as follows:

Suppose that a child is brought up in a repressive atmosphere, always being punished for the slightest expression of hostile emotion. We know that such a child will not learn in any genuine sense how to control his emotions from the inside. It may appear that they are being controlled, in that they are unexpressed. But control of this kind has a compulsive or obsessive character. If this child later on in life is confronted with a situation in which real injustice is done him, we know he will be lacking in freedom to deal with the situation on the terms it deserves. His pattern of character, or character structure, will have attained a momentum which will compel a stereotyped and probably irrelevant reaction. His response will probably be irrelevant, and certainly it will be automatic—and this despite that fact that his intelligence would doubtless tell him to act differently if he saw the situation straight. But his character pattern has warped even his perception.

Such a man may engage in conduct which, by the general connotation, is moral or immoral. But as we understand ethics, involving freedom, there is no ethical quality in this man's decisions regardless of their content. He is still in a pre-ethical stage. He will not be capable of a decision on genuinely ethical grounds until he has been so liberated from his compulsively warped perceptions that he can exercise some freedom, after he has a reasonably accurate view of the situation which confronts him. After this point is reached, his decision can be either ethical or anti-ethical; that is, the fact that it contains ethical quality does not necessarily make it "right." But how can a decision possibly be right or wrong, in the long run, if it is devoid of ethical quality—unless one's standard of judgment is merely that of morals in the general connotation? Especially, how can it be so in a democratic society?

Another way to make the point is to say that those interested in influencing sex conduct in the social interest cannot be preoccupied solely with acts, at the expense of motives and understanding. It is possible to engage, for example, in sex conduct which morals say is permitted, and yet thoroughly to degrade the real meaning of sex in human life. Cruelties, dominations, and subtle force in sex relations are by no means confined to extra-marital contacts. One might add that it is possible to refrain from sex conduct with motives which are socially indefensible just as it is to engage in such conduct.

An adequate judgment of right or wrong can never be based solely on isolated acts. It is true that acts tend to reveal motives; but in such things as sex conduct, it is usually necessary to know much more than the "facts" about a single bit of behavior in order to

understand the motives which have impelled it. Similarly, if our attempts to aid people to use sex in the social interest are to be successful in a democratic society, we shall have to use ethics—helping people to find a base upon which their decision about conduct can be made, and not merely morals—haranguing them for violating a code or commending them for following one.

Ethics rather than morals in the conventional sense would seem to be essential not only at the more effete levels of the sex problem, but even in relation to venereal diseases. Let us suppose, for the moment, that our only interest in relation to sex were venereal disease control, treatment and eventual elimination, and that we were in a position to work toward this goal in any way we wished. Probably we would first create clinics or stations of various kinds for VD treatment. Then we would have to get people to come to them; and, since sex conduct can be carried out in privacy, we would have to count on something more than even the most efficient police power. Therefore, we would have to mobilize public opinion, i.e., create social pressures urging people to get treatment. Securing treatment would then become a moral matter, for we would have created a new convention or custom or mode of behavior to which people would be expected to conform. And yet would there not be, at the same time, additional consequences which we did not intend, and would they be any less influential because we did not intend to produce them? We would be relying on force alone, not necessarily the force of police power, but the force of a public opinion whose premises no one must question. And we should get the results of force—unless at the same time we attempted to convince people that getting treatment for VD was “really right.” If we did that, public opinion would not be merely conventional; we would have more than morals in the sense of following custom. We would have put an ethical quality into getting treatment for VD. Even on this level, therefore, we need ethics and not merely morals.

#### ILLUSORY USES OF SEX

The problem of aiding people to use sex in the social interest would be enormously simplified if the only functions which sex actually performed were those which have to do with its inherent purposes. As a matter of fact, sex serves not only its natural human goals but also many others which have nothing to do with those inherent functions.

It might be well to note that what is being discussed here is the heterosexual sex act and the motives behind it, and not the many other forms of sex behavior such as are involved, for example, in homosexuality.

None of us, in all probability, is entirely free from the kind of illusory purposes or motives in relation to sex which will be mentioned. While they are dominant in a good many persons, they are at least temptations to all of us unless we possess some understanding of them. Yet the relevance of ethics to sex conduct will remain



obscure unless we have some comprehension of the oblique or illusory motives as well as of the "natural" ones.

Here are a few of the functions which sex conduct actually fulfills in the lives of a great number of persons, and which have nothing to do with the inherent purposes of sex.

First, *sex conduct may be a means of securing social acceptance through reassurance about one's virility.* A large number of young men first engage in heterosexual contacts because the group whose approval they most want at the time may consider them as lacking in virility if they do not. They are, usually without knowing it, victims of social pressures. Frequently they act against their better judgment; that is, it had never before occurred to them that they would be confronted with such a situation. And even though they may feel the act is wrong, the alternative to acting seems unbearable. There is feeling of guilt, which is a symbol of conflict in loyalties. In most such cases the guilt seems to be handled through the rationalization that biological sex urges are so strong that they must be expressed; hence one is not really responsible for his acts. In a free for all battle between "This is wrong because it's wrong and don't ask any more questions" and "A man isn't redblooded if he doesn't do this"—the former usually loses. And deservedly so. For if we cannot expose the illusory character of the social acceptance motive in sex conduct more convincingly than that, we know nothing about either sex or ethics.

Second, *sex conduct is used as a superficial approach to self-respect.* This is the "sexual scalp" motive. Lacking in genuine inner feelings of self-respect, a person may become preoccupied with inordinate success in his job, or at a hobby, or at making money or securing prestige, or in the field of sex. This is not an unexpected type of reaction in a society which tends to measure a person's worth chiefly in terms of quantitative achievements of money, power or prestige. Sex is a peculiarly easy channel for expression of this underlying reaction against lack of self-respect because of the almost universal assumption that, in the sex act itself, the man expresses domination over the woman. And, once the idea of domination has been taken for granted, it is easy to reverse its content and have sex conduct also be motivated by domination on the part of the woman over the man.

Third, *sex is used as a channel of expressing rebellion against authority or fate.* Especially a person brought up under severe and inordinate discipline, but not permitted to express openly any of his feelings of resentment, is in adolescence a candidate for rebellion. Not infrequently the channel used is sex. This is clearly the case with many promiscuous women as with promiscuous men. The rebellion need not be against one's parents or any particular person. In later years, and sometimes in earlier ones, it may have to do with fate or destiny—crystallization of an attitude in which, since one feels cheated by life, the least he can do to show his resentment is to take what the conventional standards say is forbidden.

These three illusory functions of sex conduct illustrate but certainly do not exhaust this subject. Many others could be mentioned, and they could be organized in various ways for purposes of reflection. The most important thing is not a systematic list of the oblique functions of sex, but an understanding that such motives exist, that they are very strong, that they are ordinarily outside conscious awareness, and that they are powerful enemies to any reasonable social consideration of sex conduct in human life. Can a young man think reasonably about whether or not to begin heterosexual contact before he is married, so long as he believes the question is whether he's going to be a nice boy and perhaps a sissy, or a red-blooded man though a bit sorry? No answer to that question can help us. Before he can find an answer, he has to be helped to change the question. Understanding the oblique motives can help him to change the question. Then, and only then, can those factors be considered which have been called ethical.

#### REAL PURPOSES OF SEX

One who studies both the historical and contemporary views of Judaism, Roman Catholicism and Protestantism about the purposes of sex in human life may be impressed with certain real differences that do exist. But he may be, as I have been, more deeply impressed with the extraordinary amount of agreement that exists on essentials. The apparently irreconcilable differences that exist on a few issues should not be permitted to blind us to the great areas of agreement. In what follows concerning the purposes of sex, I speak only for my own understanding of Christian ethics.

*The most obvious purpose of sex conduct is as the necessary condition for propagation of the species.* This fact we share with most other forms of life. But in man sex conduct is not a blind following of instinct toward a propagative end unrecognized by the participants. When, where, with whom, and whether toward a propagative end or not—these things man decides for himself. Since propagation is a natural end of sex conduct, the reasons would have to be very weighty for entering a long-term sex alliance from which it would be resolved permanently to exclude propagation. For the first time in history, we are realizing the extent of the freedom which man has at this point. For some the temptation is to try again to reinstate more rigidly than ever powerful controls through the force of some kind of social pressure. This is, so to speak, an effort to deny the real freedom that exists. It is an attempt to use morals where only ethics will serve. I believe the only approach consistent with man's real freedom is that which helps him to understand precisely what will occur if he chooses to use his freedom capriciously or to use it wisely. No other viewpoint would seem to be consistent with democracy or with the view of man's freedom on which democracy is based.

While we must include propagation as one of the functions of sex conduct in human life, it is the part of common sense to indicate



that it is more of a result than a cause in the perspective from which we are viewing the problem. This is not to say that people do not want to have children. Given reasonable conditions for bringing them up, they do—so much that a sound and prosperous social order might yet confound all our predictors of population trends. But people do not begin sex contacts chiefly for propagative purposes. This is true, I think, not only in the sense of conscious motives, but also beneath the surface. Nature is working not merely toward pregnancy, but toward conditions in which the results of the pregnancy will be cared for. This leads directly to the second purpose of sex, the completion of life, without which man's propagation would be threatened however many pregnancies there were. It is, after all, as "natural" for man to be a social being as it is for him to be a physical being. -

*The second purpose of sex is completion.* The Bible says they become "one flesh." The Bible took sex seriously and realistically. Man's body is an aspect of man, not a mere shell which imprisons something finer. The Greeks, in contrast, thought of sex as having value in the degree to which it led to something else, something of the mind. Sex belongs in human life not merely because a married couple can draw more closely together in spirit as the years go on, but also because it completes each partner in a physical sense. There is a reality of dependence upon the partner which has to be understood physically as well as psychologically. This completion is, when viewed in all its aspects, the natural center of family life. It is not merely something we work toward to improve its quality. It is also something existent.

*The third purpose of sex in distinctively human life is to promote mutuality in human relationships.* If not unduly impeded, there is a natural tendency for sex conduct to help the persons involved toward a greater capacity for mutuality in personal relationships, not only with each other but with people in general. It would be very easy to show how often this is not true in fact. So flexible is sex as a vehicle for the expression of emotion that it can and does serve the purposes of love or hate, confidence or anxiety, outgoingness or bitterness. On a human level, it fulfills its function only when it enhances mutuality, when it is a vehicle of love. If that function is fought or neglected, what follows inexorably dries up not only the capacity for love in sex relationships but also the capacity for mutuality in all human relationships.

Another way to say this is that sex behavior in human life is not a flat plateau, but a hill which we either climb or slide down. The individual's sex life has a history and a future. If mutuality is permitted to increase, the hill is being climbed; the past helps the future. If mutuality is denied, we slide down the hill; the history must be redone if the future is to be improved. Sex conduct is, to an extraordinary degree, an instrument which man may use for good or ill, with love or hate, to serve God or the devil. Man has

freedom. When he faces the fact of that freedom, he is dealing with ethics.

*The fourth purpose of sex is enjoyment.* The fact that sex is (or should be) fun has sometimes been considered by moralists as unfortunate, or at least as merely incidental. This would seem to be an incorrect view. We may say that the pleasure in sex is nature's way of insuring propagation, completion, and perhaps mutuality. But if we believe that the mind and the body are aspects of the person (as Jews and Christians do believe), and that the body is not to be scorned or scourged as something inferior—then the enjoyment function of sex can have meaning in its own right. The fact that preoccupation with this function may imply neglect of the other functions can be pointed out without the consequent irrelevance that the pleasure of sex has nothing to do with its purpose. We need to face the other fact, that preoccupation with some one of the other functions of sex, for example propagation, has often eliminated the enjoyment element from sex, to the detriment of all.

We may add to this statement of the purposes of sex the point that, though sex conduct is not essential for a full human life, it is good in itself under the proper conditions. From no humanly valid point of view are we justified in asserting that refraining permanently from sex conduct is superior to participation. Sex conduct is not weakness. In judging the values of refraining from sex conduct in particular cases, we can use the same kind of criteria we use in judging participation—the conditions, functions and motivations involved.

#### CONCLUSION

What this paper is contending for may be briefly summarized. There are essential and natural functions which heterosexual conduct should perform in human life. Our social problems of sex come primarily out of (1) our failure to recognize and understand the natural functions of heterosexual sex conduct; (2) our inadequate recognition of the debilitating illusory or oblique functions which sex conduct often performs in human life; (3) our fear which has made us try to minimize the real freedom which men and women possess in regard to matters of sex, instead of attempting to help people to utilize that freedom as befits a democratic society for their own completion, mutuality and enjoyment as well as for the welfare of society. Merely trying to get all people to live up to the conventional standards through increasing the social pressures and making them more rigid is both dangerous and without hope of ultimate success in solving the social problem. At the same time, though this has not been discussed here, no serious consideration of ethics can fail eventually to come to terms with the "moral law" as something very different from "morals" in the general connotation—as the basic structure of the universe in regard to human relationships.

This point of view clearly points both to a critique of much current education about sex and toward a constructive theory of sex education.



## "A SONG TO MARCH TO"

ESTHER EMERSON SWEENEY

*Associate Director, Division of Public Information and Extension,  
American Social Hygiene Association*

Symptoms of accelerated evolutionary change or of deterioration in any familiar human institution always give rise to alarm and general public uneasiness, to intensified study of the causative factors that are involved and to speculation as to the extent and potential of further change. Whether it be government that changes or the more basic institution of family life, there is bound to be a vast amount of speculation, conjecture, theory, research into historic analogy, diagnosis, prognosis and empirical treatment. There will be those who feel the institution is already outmoded, has served its purpose and can now be dispensed with. There will be those who lament; those who, acting as they have in all crises, decide that time will take care of everything and those who, even though directly involved or challenged by the new situation, simply pretend it isn't there. And, fortunately, there will also be those who, after study, thought and planning, decide to do something effective and far-reaching.

That the family is a changing institution is inescapable. That it is probably going through one of its most critical phases is equally inescapable. That this spells the need for organization of our resources for study, planning and reconstruction and especially for encouragement of the growth of the still healthy members of the organism must be apparent to all but those who would actually prefer, for ideological reasons of their own, to foster family disorganization.

Probably at no time in history has the family been, as it is today, the subject of such a tremendous amount of discussion, diagnosis and suggested treatment—some good, some excellent and some alarmingly superficial. As an institution, it is being evaluated, subjected to enormous amounts of research and placed under microscopes and arc-lights to determine its state of health, its chances for survival and even the worthwhileness of encouraging such survival.

Proof of the divergence in what emerges from the diagnostic process lies in the widely disparate statements of Pitirim Sorokin and Ernest Burgess. The former states, "As it has become more and contractual, the family of the last few decades has grown ever more unstable until it has reached the point of actual disintegration." Burgess sees the modern family—"dynamic, adaptable and creative—characteristics suited for survival and growth in a society of rapid social change."

Perhaps the pathology of family life is so much with us that there is danger of forgetting what the sick patient looked like when he

was well. It is sound, wise and appropriate that we should take very seriously whatever threatens the health and well-being of this most fundamental unit of our society. But there is a real hazard in much that is being written and said today that we may frighten the patient to death before we ever begin to treat his malady.

There was a time when concern about family life was, in the main, a professional one; written about, talked about and studied by professional workers. To the extent that our wisdom and skill made it possible, its problems were met by professional workers. But this is a century of popularization of all knowledge. The social historian, the ethnologist, the anthropologist no sooner finish reading a paper before a learned society than they feel the impulse (a good one, to be sure) to share their findings, even their conjectures (and this is *not* so good) with the general public.

For a long while the psychologist and the psychiatrist, realizing, perhaps, that the materials they were dealing with were delicate, required an immense amount of painstaking interpretation and were inherently loaded with emotional TNT, held back. But they, too, have followed the course of this new cultural pattern and we cannot yet measure the effects of some of these undoubtedly sincere but potentially dangerous efforts at public awakening.

Had this mass dissemination of new knowledge, new theory, new experimentation remained in the hands of experts we might still have been spared the partial presentations, haphazard diagnosis of personal and family problems, and half-baked psychological interpretations of behavior that the magazine writer and the press reporter have sowed amongst an ill-prepared public, frequently on the basis of no more than a few interviews with psychiatrists.

Listen to your radio, pick up almost any popular magazine, read your newspapers and you will find that the family and the individual today is the target of a large-scale attack on a dozen fronts—sociological, economic, historic, socio-anthropological, psychological, psychiatric. All this is in the interests of dissipating ignorance and stimulating thought and self evaluation but it is fraught with the peril of “a little knowledge.” If this were limited to factual material, to theory (clearly stated as theory), to interpretation—the area of liability to confusion, bewilderment, anxiety and ultimate hopelessness would be restricted.

But the individual and his family are not only asked to restudy themselves in the light of new scientific, medical and psychiatric knowledge, and to attempt reorganization, but they are frequently offered off-the-cuff solutions, or even tests whereby they may rate themselves as “good” or “bad” husbands, wives, fathers, mothers; “good” or “bad” social mixers, “adaptable” or “inflexible” workers, etc. Presupposing the necessary depth of perception and objectivity



to answer such questionnaires accurately and with insight, there would still remain a gap between one's test score and what to do about problems that might emerge from it. There may be circulation advantages to quizzes but there are hidden threats to individual security unless this gap is closed.

In the popular press, Philip Wylie (who after all is a layman) attacks the family, the morality by which people have lived for centuries, attacks all the familiar institutions and offers—*nothing*. But is he alone? No. One of the outstanding psychiatrists of our day, fills pages of a family magazine with the story of "Mommism," depicts the bloodless, non-nurturing silver cord that binds so many children to their mothers in a perpetual bondage, and offers what? "The objective of mothers is to build up an increasing reservoir of self-criticism and inhibition against the temptation to impulsive behavior" and "The way to stop being a 'Mom' is to stop being one."

Unless "Mom" has built up a nice imperviousness to this type of reading, she now possesses a new basis for feeling guilty and inadequate and only a pair of platitudinous solutions to her problems. Does she know where to go *if* her reading has given her any insight? Does she even know how to begin, on her own, to achieve substitute satisfactions so that she can "stop being a Mom?"

An equally authoritative and prominent psychiatrist, addressing the general public—not fellow members of his profession who have the advantage of background upon which to draw—leaves parents with the following unimplemented and unguided summary and suggestions, "More foolishness has been talked and written about conscience than about almost anything else. It is quite clear, and easily provable, that conscience is nothing more nor less than whatever one believed in childhood. One should be guided by conscience only if one is prepared to believe that the child was wiser than the adult is now. To go to conscience for guidance is to appeal to the rules imposed on a child before he was able to defend himself from authoritative parental certainties which might or might not be true or relevant. . . . Stop giving children final answers, rights and wrongs, local or any other kind of certainties. Allow them to look at everything. Help them to look at all available realities and encourage them to prepare to do their own thinking, independent of their parents' faiths."

Any one of us will agree that much damage has been done by parents and, indeed, by clergymen in the *methods* that have been used to develop standards of behavior and to place man in his proper relationship to his God. But this does not mean that there is no right and wrong nor that man is incapable of arriving at concepts of right and wrong on the basis of pure reason combined with race experience.

The true seriousness of the popularization of such messages lies though in the deepening confusion they must cast upon the family.

We must remember that parents have had a long experience of being "helped" to be better parents. They lived through behaviorism and determinism; they tried on the basis of popular professional advice to treat their children as mechanical eating, evacuating and crying devices, whose salvation as people could only be assured by clockwork training to conditioned responses. They went from the period of no discipline to the current more sensible handling of authority and discipline on the strength of popularized psychology. They held back their love and tenderness when they were told to, only to find that this was all a mistake.

Now, apparently, they've made another and far more egregious error—they've attempted to give their children a knowledge of the fundamental standards of behavior that are generally accepted by mankind and by which society, as we know it, will make its demands and judgments of those children. True, the psychiatrist in this instance had a greater quarrel with method than with the content of parental training but this was more likely to be grasped and understood by the professionally acclimated reader than by the average parent.

Many parents who have read this statement must be casting about, at this moment, for an unoccupied atoll on which to rear their children. They certainly need some such social vacuum. For unfortunately society is not going to wait for the children to "look at all available realities" nor wait for children to develop "their own thinking, independent of their parents' faiths." The moment Johnny forgets that it is uncooperative and a violation of his integrity to grasp a handful of nickels from a newspaper stand on the corner, society is going to demand of Johnny's parents an accounting of their stewardship and of Johnny, himself, a quick adaptation to the morality of our times before he finds himself labeled a juvenile delinquent.

All human problems need light thrown upon them or they may well remain continuing destructive forces indefinitely. But light, alone, is not enough. There is need for explanation, interpretation, individual differentiation, suggestion of solution (with solid implementation of such suggestions), and a pointing up of resources which can be used for help in gaining personal guidance toward the goal of solution. Even more important is the need for accompanying description and definition of the norm. To learn about factors in family instability is not enough—there still remains the uncertainty about *what* actually is involved in family stability.

If there was ever a time when criteria for family stability needed re-enunciation, when the ideals of family life and the prestige of family life needed strengthening, it is upon us, now. If there was ever a time when the rank and file of people look to wise leadership to win the battle against the incursions and attacks on family life—



inherent in the very nature of our times, our civilization and our culture—it is here, now. People need both consciousness of problems and awareness of the internalized source of so much of their unhappiness. But they must have a feeling that there are worthwhile, satisfying goals that they *can* meet; they must know where they can get help, if necessary, in the emotional re-education needed to achieve those goals. Most of all, they must have, as Dorothy Canfield Fisher put it so trenchantly just twenty years ago, "A Song to March To."

No battle was ever won in which the leaders depicted only the problems to be faced, only the slaughter that would be inevitable, only the likelihood of failure at the end. Even with the most hopeless odds against them, soldiers have gone gladly into the fight if they had just one thing—leadership that gave a touch of glory to the fight and that demonstrated personal conviction that it could be won.

Despite Sorokin's and other views of family disintegration, most of us are convinced that the family is here to stay. We are aware of the hardships that beset it, of the changes in the pattern of family life that external circumstances are forcing upon it, of the internal modifications, especially of an emotional character, that will have to come about if the battle for home and family life is not to become too disheartening. But we know that if the family is not to linger in its current decline, if it is to be strengthened and given vigor to fight for itself, it will not be done while the leaders betray anxiety, fear for the future and even despair. The little remaining confidence that the family still has in its capacity to meet its problems must not be shaken by ruthless disclosures of weakness, unaccompanied by real help or suggestions. Its courage must not be drained by fruitless self-undertakings of an improvement nature, fostered by "do something" programs, unmodified by qualifications that indicate recognition of wide differences in people and in groups. Its capacity for genuine development of insight must not be vitiated by self-examination of the generally futile type that is involved in answering questionnaires in popular magazines.

Those of us who are social workers, teachers, ministers, physicians, community leaders have a tremendous opportunity to pool resources for leadership in this challenging task of reconstruction and revitalization of family life. And we ourselves must not despair. We must know what is happening to family life and what factors are threatening its functions, its operations, its unity and its wholeness. In this critical period (and it is doubly critical because so much has been made of the crisis), we need to be aware of what is happening to the family but resist the temptation to view all indications of family disorganization as symptoms of final disintegration.

We know what constitutes the stable family and we know that it can be described in fairly complete terms. We are in a strategic position to offer some perspective on family problems to communities

and to the troubled and anxious families in those communities by devoting time to *talking* about the stable family and the criteria of its stability.

It would be comforting, perhaps, to Mrs. Smith, whose Bill has begun truanting, to know that there is a tradition of daring behind "playing hooky" that is bound to be challenging to Bill; to know that she is not necessarily a failure as a mother; to know that every truancy case does not end up in juvenile court or, later, in jail; to know that there may be relatively easy ways to reclaim the errant Bill—possibly, no more complex than recognizing Bill's good work at school, giving him a little more leeway for expressing himself at the family dinner table, providing recreational activities that will call into play Bill's love of the daring and adventurous. We know all this—but does Mrs. Smith? Has Mrs. Smith been given criteria of adequacy as well as of inadequacy? Has Mrs. Smith been told that even so-called symptomatic behavior may mark merely a momentary shift in values and attitudes? That the solution to many problems may demand little more than giving her Bill more assurance of the love she and Mr. Smith have for him? Or providing better chances of having fun in his home? Or more respect for what Bill is and what he can do from Mr. and Mrs. Smith? Must she envision the toppling structure of family life when any one of the thousand things she has read and heard about in regard to family life happen to her? Not if we manage to give Mrs. Smith and all the families we can reach in the community a sane, balanced view of the family and of its problems; if we can give them a yardstick by which to measure success and to recognize elements of failure; if we make courage, ideals and aspirations a living, vigorous part of education, case work, counseling, family life education and other activities which are involved in professional leadership.

The crisis of family life is a real one. The crisis becomes catastrophe in the public mind if the crisis is not seen for what it is—a hardship to be overcome, a job to be undertaken, a demand upon the individual and the family to bring all its resourcefulness and common sense into play but still to be met like other crises, with courage and, most especially, just a touch of humor.

The stable family is real, recognizable and can be described. It is a group of people brought together and held together by bonds of love and common affection. It is a continuing relationship between people who share, in varying degrees, common interests and family goals. It is a self-sufficient group, democratic in its approach to its own problems and those of others; capable of give and take, of cooperation; strengthened but not oppressed by discipline and authority nicely balanced with free choice and independent judgment. It is the setting in which the individual receives his emotional and spiritual education for living; in which his ideals are shaped and in which his morality and social adaptability grow out of his



affectional ties to parents. It is a world in which companionship prevails; in which individuality is respected and enhanced. It is especially the repository of shared memories of happy experiences and of equally shared hardships.

It is not alone the mother and father and their children that constitute the stable family but the values of the heritages that both the mother and father brought from their own families, the best of which are passed on to their children and become part of the family tradition and prestige. Nor is the truly stable family interested only in its own two generations but, with its eyes on the future, it is impelled toward the generation yet to come—the children of its children.

The stable family does not live in a world of its own. It is and recognizes itself to be part of a community and of a nation. Within its walls, motivating love makes possible sacrifices and generousities that will see their later, wider application in the lives of the next generation of families and in the lives of those around them. The parents in such a family are deeply involved in the development of their children, not only from the point of view of physical and intellectual development, but as whole personalities, with emotional balance, social adaptability and solid spiritual values. And finally, the stable family has a sense of humor, an ingredient that makes room for laughter, common sense and perspective, both for the family as it views itself and for the family as it views the world.

Perhaps this sounds like the *ideal* family. But apply that description to the family in *The Yearling* and see if it fits. Did any of us, in reading *The Yearling* feel that it was unreal, that it was "larger than life" or that it was a projection of Miss Rawlins' ideal? Or when we read *Little Women*, as youngsters, did the family life of the Marches seem unreal or unattainable? The stable family may not be articulate about itself, it may not even be particularly self-conscious about its stability or how it achieves it, but whether the words "cooperation," "give and take" or "goals" are ever used—the stable family is all that has been described and, in all likelihood, much more.

The tasks in this period of world uncertainty, caused by and at the same time complicated by much that spells real individual and family instability, are not alone, of course, those of encouragement and reminders that there are still elements of hope in the situation. There are three distinct jobs for professional community leadership. But in doing any one of them, we must bring to the people with whom we deal both inspiration and personal conviction that they and we are working for worthwhile and attainable goals.

For social workers, the first job will be, of course, the giving of help to people who are actually in need of help. Either in direct case work or counseling service or through referrals to appropriate

agencies, there is a continuing task that demands the maximum of professional skill, training and experience to help meet individual problems and those of families.

And here, perhaps, a word of caution is needed. The awareness that more and more people need guidance and counseling and are newly awakened to that need, sometimes creates in a community a desire to "step into the breach," to do something and to do it now. But this whole area of human problems is one requiring the most skilled handling. It is no field for amateurs. The only way that the mass need can be met, with current agency staff shortages, is to work out coordinated community efforts that will utilize to the maximum the skills of the trained personnel that is available. Possibly, case workers who are no longer working but who reside in the community, can be prevailed upon to give part-time service in some of the agencies. Possibly there are trained professional workers in administrative jobs in health, group work, religious organizations, whose services might, again, be called into use through coordinated planning. But harsh as it may sound, it would be better for the individual with a serious family problem to receive no treatment at all than to be victimized—consciously or unconsciously—by incompetence.

In this task of the continuing practices of individual case work, counseling and guidance, there is still a tremendous public need for agency interpretation. Too many people are unaware of the nature and availability of community services. Not only must there be maximum community coordination of services to meet increased personal needs and the problems of the family in trouble or nearing it, but there must be a corresponding cooperative, community effort on the part of all social and health agencies to interpret the services that are available. More clear-cut interpretation of these services should be found in the newspapers. Clubs, labor organizations, churches, schools and persons in associated and allied professions should be used as channels for community interpretation of the services available and where they are to be found.

The second task that continues to confront us in preserving family strength and bolstering it up all along the line is community social action. This is not a new idea, surely, but it needs to be reiterated all over the country, city by city, until the job is universally comprehended and universally undertaken.

There is no doubt that most of the problems that confront the family today have their origin within the individual and the family. Nonetheless, just as, for a long time, many leaders of social thought in this country developed "profiles" of economic and social factors that had their deleterious effects upon families and then proceeded to fit the "profile" to all family problems, there is a chance that today, we may become so acutely aware of the internal factors in family problems that the external pressures upon families may be



overlooked. It is not true that poverty, slum living, overcrowding and lack of privacy, unwholesome recreational environments, periodic unemployment and general lack of financial security will necessarily destroy a stable family. Nor is it true that security, wealth, the advantages of education, and social and economic security will hold together an unstable, inadequate home. But it is an almost superhuman task to preserve the best in family life under conditions of gnawing poverty, financial insecurity and permanent slum living. It can be done but why should that additional strain be placed on any family? Why not move Heaven and earth to make our communities decent places in which to live, in which to marry and have children and in which to bring those children up?

This job is inescapable for the social worker, the minister, for all community leaders who accept the real responsibilities that go with leadership. This is an area of social action in which we, incidentally, *also* need a "Song to March To." We need a sense of genuine dedication to the task of community action and, above all, we need "Eyes Front" as a slogan. If any of us looks back, like Lot's wife, we stand in danger of being turned into a perpetual monument to our own repinings! Of course, we've all worked for years at this job; we've all had the grim experience of failure and have felt the creeping paralysis that stole over us when our best efforts were rewarded by community indifference and public apathy.

"Eyes Front" is the slogan and the hope of our own rescue from the weariness and lassitude that we all feel in the job of seeing that our communities become better places to live in. We must go on working to insure decent wage levels, decent housing, adequate recreational facilities for both children and adults, a richer community life for families, better schools and better trained and paid teachers. We must join the fight for the *protection* of family life in the community. Commercialized prostitution, for example, has no place in any decent community. It is at once a denial of the very morality on which our society is based and a denial of the fundamental right of every woman to a life of decency and self-respect. Poolhalls, cellar clubs, gang life are our concern—since the future family life of our country depends on what is happening, right now, in these very places. We can afford to lose no child to crime; we can take no risks on the citizen of tomorrow.

Stable family life, the one sure defense of our civilization and of the morality of our nation, is at stake. The continued fight for good communities, for the essentials that mean the difference between degraded poverty and a reasonably decent standard of living for all people may be a hard and bitter one but the very nature of our professional choice has committed us to it.

Community social action is of course largely preventive in nature, but there is another area of prevention, family life education, which offers almost virgin territory for social workers and workers in

allied and associated fields. This is the field wherein the third task lies.

We have the knowledge, the training, the skills to do the enormously complex job of treatment. Those same skills, the same knowledge and experience can be applied to family life education. This is not a task that must fall only on the shoulders of the case worker, counselor or even the worker whose training lies in closely related fields. Prevention of family disorganization through family life education can probably best be achieved through cooperative enterprise, calling into widest use the skills of the majority of the professional people in any community—the physician, nurse, lawyer, home economist, psychologist, psychiatrist, health educator, case worker and teacher.

Carefully planned institutes for people planning to get married; for young people who, in their adolescent years, have many problems of dating and of adaptation to the gradually unfolding adult environment into which they are moving; institutes for parents who are expecting children, for parents of children of various age groups—can prevent many problems before they arise. Small discussion groups for people with a common problem or a potentiality of future common problems, wisely conceived and conducted, and offering opportunity for interchange of ideas, will serve more even than the purpose of prevention. They will also bring to light for many individuals special problems on which they may need special help and through the professional group leaders they will learn where to seek it.

The ways, the methods, the techniques are not ready to hand. There is some experience available, which can be called upon and put to use. In most communities, though, there will need to be preliminary meetings of the persons and agencies that plan such preventive work and there may even be need of special training and workshop experience for those who will carry on this best of all preventives—family life education. But no community in the country can feel that it is even beginning to meet the family crisis of our time, unless it starts now to stem that crisis through coordinated, preventive work.

The fact that divorce is now reaching almost one marriage out of three has been blazoned forth so often that few people have considered more than the "scare" side of the story. The picture that is less often presented and which is the major challenge of today is this: divorce statistics are expected to decline after 1947 (according to Paul Glick of the U. S. Bureau of the Census); the number of families in the United States is expected to *double* in 1948 the annual rate of increase in families of either that 1920's or the 1930's; and there is a statistical expectation of an 80 per cent remarriage rate amongst persons recently divorced.

We are, then, going to have more families. Persons who have met the problem of previously unhappy marriages by divorce, will



be remarrying and forming new families. If we were concerned with none of the existing families, we would be compelled to concern ourselves with the new families—most especially, perhaps, with those that may be just at the beginning of a chain of divorcees unless the three tasks that are so essentially and specifically ours—direct case work and counseling, community social action and organized, preventive family life education—are given our most strenuous efforts.

The stable family actually exists. The stable family builds stable attitudes and launches other fine families. We can increase the number of stable families in our own community, we can give prestige and importance and security to family life and we can do it, in the main, by simply using to the full, the skills we possess right now.

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**AMA Starts New Radio Series.**—A new series of educational radio broadcasts, *Doctors Today*, was inaugurated by the American Medical Association in cooperation with the National Broadcasting Company on Saturday afternoon, December 13, 1947, and will continue on succeeding Saturdays for 26 weeks. The exact time can be obtained from local NBC stations.

The broadcasts, offering an interpretation of modern trends in medicine, will be in 30-minute dramatized form or drama-narrative with sound effects, music and in some instances distinguished guest speakers. When outside speakers are not scheduled the programs will be summarized in each instance by W. W. Bauer, M.D., Chicago, director of the Bureau of Health Education of the AMA, or by members of the Association's headquarters staff selected for their familiarity with the subject of the program.

Topics of current interest and on occasion current medical news will furnish the subjects for a variety series in which each program will be an independent entity, bound together by the title theme. Topics for December and January include plastic surgery; heart surgery; radioactive isotopes; the “punch drunk” state; alcoholism; federal control of drugs, and medical defense against the atomic bomb.

This will be the fourteenth series of annual broadcasts by the AMA in cooperation with the National Broadcasting Company. In recent years up to 140 stations have accepted this sustaining program, for which they obtain no revenue for continuous local broadcasting. NBC and its affiliated stations provide all time and station facilities gratis; the AMA makes a substantial weekly contribution toward the cost of scripts, supervision, music and sound. In the meanwhile, the Association's program *Stephen Graham* continues on the Mutual Network. Instituted February 7, 1947, this program represents the longest continuous run of weekly broadcasts by the American Medical Association.

## REACHING THE PEOPLE IN "UNORGANIZED GROUPS"

H. GARRICK WILLIAMS

*Queensboro Tuberculosis and Health Association, New York*

How to make direct contact with people in unorganized channels is a problem for health educators. To help solve the problem the health education approach has been extended to pool halls, taverns and similar places of recreation, which are usually public-gathering places. Each has a following of patrons who show up with some degree of regularity. Through these patron groups more ready-made audiences are available, enabling the health educator to reach many people directly in so-called unorganized areas of society.

Several questions frequently asked concerning this approach are: How are the programs scheduled? What response do the owners give? How are the programs handled, or what methods are used? What response comes from audience? Let us consider the first of these questions.

### *How Are the Programs Scheduled?*

A direct contact is made with the proprietor to secure the first engagement. During this visit it is emphasized that participation is voluntary, free, and has no official connection. When it is understood participation in this "new approach" to a healthier community is not forced upon him, the business man usually asks, "When do you want to come here with a program?" This is the clue to clinch the engagement requested and also opens the way for a return date.

The idea of health education programs for patrons in taverns and pool halls is a new one to many people. For that reason scheduling the first program in a tavern or billiard parlor of a town might meet with some skepticism. However, after initial presentation has been made, news of the program spreads to owners of similar places in the area and the idea of health programs for such patrons gradually becomes an accepted fact.

When proprietors willingly turn out the lights over pool tables and say, "O.K., men, let's look at a picture;" and waiters and bartenders become so interested in the health films being shown that business momentarily slumps, then these men are making what amounts to a cash contribution toward the campaign to control venereal diseases. They are praised whenever possible and sent letters of appreciation (without overdoing it) on the theory that to meet with community approval is a basic human desire. Recognition of public-spiritedness by an accredited agency often results in offers by proprietors to do more in this direction. Thus, on the basis of direct and indirect contact with proprietors and explanation that health program participation is voluntary, we have had excellent response from the owners.



### *Examples of Owner Response*

After observing one health program on the prevention of VD, the owner of a pool hall volunteered to present a pocket billiard expert one evening in order to attract more people to the health program. According to this business man, experts charge from \$7.50 to \$25.00 per night for one or two hours of demonstration. Advertising the billiard expert brings the crowd. With such help from the owners we have had as many as 200 persons present in a pool hall—and they liked the program.

Following a session in a tavern, the proprietor invited the health educator to return on one of the tavern's busiest nights. Others have invited the health educator to return at his convenience. The owners cooperate in many other ways such as arranging chairs, disconnecting the juke box and giving overt sanctions by paying attention to the program and inviting patrons to do likewise.

### *How Are the Programs Handled?*

It is agreed with the proprietor that the health program not be advertized. The presence of the health educator is a prearranged surprise or "crash technique." This lessens the opportunity for customer resistance or the expression of prejudices against health programs. Beginning the program depends upon several factors, such as whether there is a regular floor show with intermission, a pocket billiard demonstration, a television set around which the audience gathers to await a sports event, or a place where there are none of these attractions.

In the latter situation the program sometimes begins by starting a conversation with a patron concerning a piece of literature. The group around the health educator increases as his voice gradually gets louder, specifically to attract attention. The discussion continues until interest is high, then the movie projector is brought into action and a health picture shown that will reemphasize the basic facts that have been discussed.

Another effective method is the use of a short (three minute "attractor") entertaining film in keeping with the atmosphere of the environment. This is helpful both as a sales point to the owner and to attract attention to the screen. Usually a "hot" number like "Basin Street Boogie" is used.\* The "attractor" and health films are not tied together as the time required to change the film (two or three minutes) can be used for a brief talk by the person in charge of the program. The short serves to change the atmosphere favorably toward visual aids and helps the health educator establish desired rapport. In this manner, the programs gain a reputation for being both entertaining and educational. After the educational film a question and answer period follows.

\* This and other 16 mm. entertaining sound films can be purchased through Official Films, Inc., New York, N. Y.

It is important that participants on the program be punctual and set up movie equipment quietly. Particularly is this essential if the presentation is made at a night club between floor shows, during a twenty or thirty minute intermission, prior to a pocket billiard demonstration, or before a television program begins. However, there are some places of recreation that do not offer the advantage of precise program timing, and where the health educator must await and select the best moment to begin the meeting. In any case, programs are concluded within the prescribed time while interest is at its peak so that a return engagement is welcomed. Also, literature carefully chosen for each program is distributed while interest is high.

### *What Response Comes from Audiences?*

In the taverns and pool halls, audiences have been attentive and responsive. When the health program begins customers gather toward the screen—the whole atmosphere of the place changes—in most cases a more interested and attentive audience is hard to find. When a customer must leave before the program ends, it is not uncommon for that person to express regrets and inquire when the next program will be held.

One finds, especially in the pool hall, the “wise guy” who knows all the answers—just what to do with his “sulfa” pills or another who will discuss the qualities of penicillin—but insists that “lifting heavy timber is how I got a dose.” And, of course, there are those who say of gonorrhea, “It’s nothing to worry about, but if it don’t stop it will give you ‘bad blood.’” These incorrect ideas universally persist in certain areas of the population and indicate a strong general need for more health education with less emphasis on magic drugs and quick cures. Some “repeaters” might be in the audience to express faith in the magic drugs “if caught” and contempt for the harm the disease can do because of the new “atomic bombs” of VD control.

Although the general feeling is that the new drugs are panaceas, there is occasional doubt among patrons of the pool hall, as the following question may indicate: “Why is the blood sometimes reported 4+ after the rapid treatment has been completed?”

All things considered, the audiences have responded well to this health education approach through taverns, pool halls and similar places of recreation.

### *Why Do We Use This Approach?*

As early as 1940 population trends of the Borough of Queens\* were pointing toward rapid growth. The Negro segment was no exception to this pattern of dispersion from more congested areas of Manhattan. It was known that while Negroes represented approxi-

\* The Queensboro Tuberculosis and Health Association is the Queens representative of the American Social Hygiene Association. Here it should be pointed out that although the association’s program embraces two fields of public health education: prevention of tuberculosis and prevention of venereal diseases, the two subjects are not discussed on the same program.



mately 2 per cent of the total population, they accounted for approximately 10 per cent of the deaths from tuberculosis. These figures indicated need for greater health education among Negroes.

Thus, in 1940 the Queensboro Tuberculosis and Health Association organized its Advisory Committee on Negro Health. The purpose was to bring together a group of interested community leaders who could aid in the direction and vigorous prosecution of a health education plan designed specifically to reach the Negro population of this Borough.

For several years the Advisory Committee functioned and approved health education activities mainly through "organized" channels such as churches, clubs and schools. The members of the committee later felt that full effectiveness of the association's total program might never be realized without intensive effort to reach those persons who do not belong to so called "organized" groups.

The concensus was that the pool halls, taverns and similar places of recreation provided fertile fields in which to sow the seeds of health education. With this decision, the Queensboro Tuberculosis and Health Association, through its Special Districts Department, began another approach in its program of mass education. This attack through "unorganized channels" has had effective beginnings in getting down to the "grass roots" and certainly within an area where misinformation seems to thrive.

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#### "Every Family Should Plan"

The areas of family planning include the occupational business, house-keeping, and family living; and of these three, family living is of greatest importance . . . The family is a biological as well as a personality organization and biological planning for its welfare is evident in such matters as intelligent selection in marriage; marriage education; planned parenthood; clinics and marriage consultation services; maternal and infant health services; immunization; public health; measures for the eradication of disease, including syphilis; hospital services available to all with insurance methods for distributing the family's costs; education for health practices, including optimum diet, for all life's stages, even old age . . . In well-planned family living each member tends to provide for the other members' fulfilment of "human nature's four wishes": to be considered worthy by others; to receive affection and give affection in return; to enjoy the adventure of living, and to achieve security . . . The family is marriage, parenthood, brotherhood. The family fulfils its purpose as its two adult members, by planning together, attain varied satisfaction in their work, their home, their community, and as, out of their experience, they equip their children with knowledge, character and competence to establish good homes and in their day build better and more helpful communities.

BENJAMIN R. ANDREWS  
in *Journal of Home Economics*.

## NEW GATEWAYS TO FAMILY SERVICE

FRANK J. HERTEL

*General Director, Family Service Association of America*

In the recent report of the Committee on Family Life of the Woman's Foundation, the place of the family in American life is presented in the following significant terms: "The 38,000,000 families of the United States today are developing the personalities that will determine the fate of the larger national and international societies of tomorrow. Family life is the primary living process within which human personality is shaped. The home is the school of schools. . . . While it is true that the tough, resilient fibre of family life has ruggedly come through every sort of crisis known to history, it is not enough that it merely comes through. The contribution that family life now has to give to the larger living organisms of the nation and the world, require that it not only survive but that it be given every possible chance to *succeed* in its task of developing the human beings that will determine whether the world will live at war, or at peace, in faith or in fear, in decency or in want, with love or hate."

In essence, is not this the very purpose to which the family service agencies of America have firmly dedicated themselves? Indeed one cannot discuss the problems and needs of the family without considering also the role of the family service agency in relation to those needs and problems for the two are basically interrelated.

To what extent has and is the voluntary family agency measuring up to its opportunities and responsibilities? Such a question has continuing validity for any institution which keeps pace with new and changing conditions. In the last twenty years, the family service agency along with agencies and institutions in allied fields, met two major crises—a long and deep depression and a second World War. Both were tragic from the standpoint of their toll in human sacrifice, breakdown and dislocation. In the fields of social work and public health each of these crises gave rise to new or greatly expanded services and the need for different alignments between public and voluntary agencies. The aftermath of these adjustments makes necessary careful stock-taking as to the basic purpose, function and scope of program of social and health agencies, both individually and collectively. Because of its key and central position among community services, the family service agency's concept of its particular program, now and in the future, is of fundamental importance to the working out of clear divisions of work among community agencies.

The first challenge that faces the family casework field is related to the responsibility of the family agency for marriage counseling and family life education. Never before in the social work experience of this century has there been such general and searching interest in the future of the American family as exists today. The newspapers, the radio, popular magazines and scientific journals—all are focusing attention on the family. We are told that the family is losing out



as a cultural force—that it is cracking up—that it will cease to exist altogether by the end of another generation. The pessimistic ones turn to the current divorce rate—one divorce for every three marriages, they explain, as compared with one out of six in 1930, one out of eleven in 1910 and one out of seventeen in 1890.

But for many years before the onset of what has become popularly known as the U. S. Divorce Wave, a new social movement has been under way in this country. Its subject has been marriage and education for family living. This was specifically predicted by Mary Richmond at the 1927 Buffalo Conference in a paper, "The Concern of the Community with Marriage," and it was at this same meeting that Ernest R. Groves in a companion paper, "Education for Family Life," concluded that, "there is real need for some sort of matrimonial clinic to which seekers for help can come to get unbiased assistance grounded on practical experience and a basic understanding of behavior problems, and perhaps no contribution at present will prove of greater benefit to national need than experimentation along this line by the more progressive family societies." And that was twenty years ago.

In the years that have followed, problems of marriage and family living have commanded the attention of various groups and organizations, both within and peripheral to the general field of social case-work practice. The American Social Hygiene Association, the National Council on Family Relations, the National Committee for Mental Hygiene, the Planned Parenthood Federation of America, The Commission on Marriage and the Home of the Federal Council of Churches of Christ in America, the Family Life Bureau of the National Catholic Welfare Conference, and the Jewish Institute on Marriage and the Family are among the important groups that have taken an active interest in this new social movement.

Concurrent with these developments has been the continuing leadership of family service agencies. In many, marriage counseling has become an accepted and undifferentiated part of their direct service programs. Such counseling, which includes information about marital relationships, help in reaching a decision around the question of whether or not to live together as marriage partners, assistance in evaluating the effects of a wife's employment on family relationships, consultation concerning sexual maladjustment, etc., is a kind of service which should be part and parcel of the work of a family agency and should include pre-marital as well as post-marital counseling. To the extent that the help requested is social and personal the *experienced* family caseworker is equipped to render the services required. Where a medical, legal or psychiatric component is involved, he would naturally seek the cooperation of established clinical or consultative facilities.

Marriage counseling is closely related to other types of family counseling. Many of the same families that have difficulties in marriage also need help in their adjustment in other areas. For instance, problems of parent-child relationship, health problems, vocational prob-

lems, and others are often closely bound up in the marriage difficulty. To offer competent marriage counseling service, many family service agencies will need to supplement their present program in various ways. There is much material in the sociological and psychological fields on premarital interviewing which throws considerable light on such questions as: Are we suited for each other? How long should we continue our engagement? How much money do we need to marry on? Of what does the proper mental and physical examination consist? What kind of premarital sex instructions do we need? and so on. If caseworkers are not familiar with this material, it can be readily obtained and adapted for use in the family service agency.

Yet, in spite of this acknowledged contribution, family service agencies have not, by and large, achieved wide and general acceptance as major community resources for marriage counseling. Part of this is due to past identification with relief and dependency which has led some communities to believe that family casework services are restricted to those in financial need. Yet, on the basis of the groups now served by family service agencies, this concept has little validity. In spite of efforts at interpretation, however, this notion persists and will continue to persist until family casework agencies and caseworkers, themselves, take active leadership on a broader front.

By this is meant active leadership in the field of family life education. Through tested experience and trained observation over the years, the family agency has accumulated and is continuing to assimilate a vast range of knowledge about the personal attitudes, environmental factors and social requirements that make for sound and satisfying family life. This knowledge has been applied to the diagnosis and treatment of the individual situation, family by family. While this should continue to be the major focus of the family agency, there is a pressing need for movement into the field of generalized family life education. Preventive medicine has made its research and knowledge available to well people in order to prevent the contraction and spread of disease. The family service agency can become a strong force for the prevention of social and family breakdown by reaching out to "normal" families with "normal" problems.

This responsibility for community education represents one of the most important, but as yet undeveloped, opportunities for service challenging the family agency today. It is related to the very core of our preventive function. The time is *now*, to shift emphasis from the interpretation of agency program per se to the interpretation of the knowledge and information family agencies have about family life and its relationships. To put it another way—*education* for better family living rather than *publicity* of agency services. Family agency services will become better known and more widely used as there is more aggressive movement in this new direction.

To implement fully such a program at the community level the Family Service Association of America must also take direct leadership nationally. During the immediate months and years ahead ways and means must be found for the Association to assist Member Agencies



in the preparation of suitable educational materials and in their most effective use. Such assistance is essential to the rich development of this emerging third function of the family service agency.

A second challenge claiming the special attention of family agencies during these crucial postwar years is found in their unique opportunity to contribute, along with other community agencies, to the general welfare of children in the families using their services. Over the war years, the number of boys and girls being dealt with by the courts increased markedly. A wartime rise of 67 per cent in the number of cases disposed of was reported for the years 1938 through 1945. This finding, which is based upon the experience of 56 juvenile courts in urban areas throughout the country, was reported by the Children's Bureau, U. S. Department of Labor.

"Juvenile court statistics have admittedly serious limitations as a measure of juvenile delinquency," said Katherine F. Lenroot, the Children's Bureau Chief, in commenting upon the finding, but "making all due allowances we cannot close our eyes to the fact that the war has left this country with a greatly increased problem of juvenile delinquency. What is called for is a community-wide effort to get help to these children before they get into trouble, not a punitive attitude toward them and their parents nor a lot of blame-placing after the fact. The kind of home the youngster comes from, the school situation against which he is rebelling, the community's lack in terms of his needs, these should be matters of community concern much earlier than they are, for something can often be done, if done in time, about a situation that leads to delinquent behavior." For family agencies, again, these facts and trends should offer a strong clue as to where they should place emphasis during the immediate years ahead. The need for such emphasis was most vividly described at the 1946 Biennial Conference of the Family Service Association of America by Dr. Frank Fremont-Smith, Medical Director of the Josiah Macy, Jr. Foundation. In his address Dr. Fremont-Smith pointed out that the basic emotional patterns of children are established within the individual family "by virtue of the dynamic interplay of its members upon the growing child," and that "childhood reactions often determine the individual's response to adult experience." Thought provoking, indeed, was his description of men who had broken in battle and whose behavior was found to be "specifically related to traumatic experiences of childhood occurring almost always with the family framework."

A third question of general concern within the family agency field today relates to the scope of agency program. No question within recent months, with the exception of the continuing crisis in personnel, has received more intensive consideration. The Committee on Current and Future Planning of the Family Service Association of America has struggled with this question not in one meeting, but in many. What does the Committee suggest? The report states in part: "The scope, range of activity, of the family service program is determined largely by such factors as the size and type of community, the adequacy of other facilities, and the agency's own

resources and professional equipment. Its program also may be further defined and limited by special working agreements with other agencies. Quite aside from these conditioning factors, however, clarification is needed as to what the basic and underlying direction of the family service agency should be. First of all, its range of activity at a given time must be conditioned by what it can do well.

“The worth and validity of family service program are measured by qualitative rather than quantitative standards. Only as it deepens its knowledge and skill will the agency come to fulfill its essential place in the community. Second, it should have freedom to experiment with new methods and techniques and to demonstrate new and untried services. Without such freedom one of the underlying purposes of the voluntary family agency, that of pathfinding, cannot be served. Third, it must use carefully determined criteria in judging the kinds of family problems and situations in which its social treatment program is most likely to be effective. Unless the family service agency exercises its privilege of selection in this way, its resources will be drained off into meeting the residual needs of the community and the agency will not be left free to develop a program which should be essentially one of prevention. The prevention of family disorganization and breakdown should be in reality the basic reason for the family agency's existence.”

With all of this there would undoubtedly be general agreement. But what of long range goals? Given adequate staff—what do we then see as scope of program? Its resources permitting, the family service agency of the future should refrain, in the opinion of the Committee on Current and Future Planning, from creating arbitrary controls that will block families from having free access to the agency since it is recognized that many persons come to the agency with unfocused and diffuse problems. Further, it is the responsibility of the family agency to help such persons to clarify the kind of help they need. Applications for assistance of various kinds must be differentiated from cases accepted for continuing casework treatment. In other words, the family service agency, given relatively adequate staff, should endeavor at all times to be available to persons and families in trouble. On the basis of careful evaluation it should either assist such persons and families within the framework of its own service, which may either involve treatment over a protracted period of time, or consist of one or several interviews, or it should make an appropriate referral to another, or other agencies. Should either of these alternatives fail to meet needs, the family agency must then assume a responsibility for taking the initiative in calling such unmet needs to the attention of the community's central planning body for appropriate action. To cut off the flow of applications to the agency results in denying persons help when they may need it most and when family casework can have its greatest preventive value. Also, if the family service agency is to take leadership in the creation of new and necessary facilities either under its own sponsorship or through the auspices of other agencies, it must relate itself broadly to the needs of all families in the community.



With this, there may be less general agreement. That is why further and continued discussion of this question is so essential. If the family agencies are to move forward unitedly, there must be conviction about not only the quality of services, the need for experimentation, the necessity for exercising judgment at the point of intake, but they must also reach a decision as to sphere of operations.

Meeting family needs, then, is not alone a matter of broadening the base of family service operations nor of seeing responsibility in terms of new needs and a changing national environment. It demands an ever closer tie between the family agency and the community; an increasingly inspired and imaginative leadership both locally and nationally.

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### Current Events and Dates Ahead

**February 4**  
In 48 states  
the District  
of Columbia,  
Alaska, Hawaii  
and Puerto Rico

**National Social Hygiene Day.** For information and materials address the American Social Hygiene Association, 1790 Broadway, New York 19, N. Y.

**February 4**  
New York City  
Hotel Pennsylvania

**Annual Meeting, American Social Hygiene Association,** with Award of the William Freeman Snow Award for Distinguished Service to Humanity, and Honorary Life Memberships. Also New York Regional Conference.

**February**  
throughout  
the U.S.A.

**American Overseas Aid and United Nations Appeal for Children.** Recently organized as a federation of 22 major American agencies for international relief, AOA-UNAC will ask the American public to contribute 60 million dollars for food, medical care, medicines, clothing, shelter, rehabilitation, education and training of workers in emergency field. Children, adolescents, nursing and expectant mothers overseas will be priority beneficiaries through the International Children's Emergency Fund. For information address Lee Marshall, President, 39 Broadway, New York 5, N. Y.

**February 22-29**

**American Brotherhood Week.** For information regarding materials and program address Dr. Herbert L. Seamans, National Conference of Christians and Jews, 381 Fourth Avenue, New York 16.

**March**

**American National Red Cross Annual Roll Call.**

## NATIONAL EVENTS

ELEANOR SHENEHON

*Director, Division of Public Information and Extension,  
American Social Hygiene Association*

**American Medical Association Calls Doctor-Educator Conference to Discuss Cooperative School Health Program.**—Health is the primary objective of modern education, a three-day Conference on Cooperation of the Physician in the School Health and Physical Education Program, sponsored by the American Medical Association, on Saturday, October 18 concluded.

More than 100 representatives from state departments of education, state departments of health, state education associations and state medical societies and associations met at the Hotel Moraine in Highland Park, Illinois. Chairmen and summarizers of the discussions within the various sections were:

School health services: Chairman, Charles C. Wilson, M.D., New Haven, Conn., Professor of Public Health and Education at Yale University; Summarizer, C. Morley Sellery, M.D., Director of Health Services for the Los Angeles Public Schools.

School health programs and studies: Chairman, Warren H. Southworth, Dr.P.H., Associate Professor of Education at the University of Wisconsin, Madison; Summarizer, Clair E. Turner, Dr.P.H., National Foundation of Infantile Paralysis, New York City.

The physician and physical education: Chairman, Ben Miller, Ph.D., of the American Association for Health, Physical Education and Recreation, Washington, D. C.; Summarizer, William L. Hughes, Ph.D., of Temple University, Philadelphia.

Pre-service and in-service education: Chairman, Ruth Boynton, M.D., Director of the Student Health Service and Professor of Public Health at the University of Minnesota, Minneapolis; Summarizer, Cyrus H. Maxwell, M.D., of the New York State Department of Health at Albany.

The conference advocated that every school establish workable policies to assure its pupils of healthful school living conditions, appropriate health and safety instruction, adequate or superior education and, especially, teachers and other school personnel with up-to-date preparation in health knowledge. The leaders agreed that schools alone cannot enable children to attain all the desirable goals of individual and community health: parents have the primary responsibility. Physicians, dentists, nurses, health officers, social and welfare workers and their official organizations, such as medical, dental and nursing societies; health departments; voluntary health agencies and social agencies are all rightfully concerned with health activities

in their communities. School health policies must be formulated to achieve the maximum cooperation and coordination both within each school and each school system and between each school and the community.

"A scientific attitude toward health," said W. W. Bauer, M.D., Director, AMA Bureau of Health Education, "can break down superstitions and fads and thereby help pupils to analyze critically advertising and propaganda which may be misleading."

**National Council on Family Relations Holds Annual Conference in New York.**—Five hundred persons, representing 41 states, met in New York at the Hotel Pennsylvania, November 28-30 for the 1947 Annual Conference of the National Council on Family Relations. The three-day event featured a wide range of topics and speakers in a discussion program arranged by the Council's National Committees, and culminating in a series of Committee recommendations presented by the chairmen, and including:

*Proposals for Strengthening the Economic Basis of the Family*—Benjamin Andrews

*College Courses in Marriage and the Family*—Henry Bowman

*Community Programs in Family Life Education*—Lydia Lynde

*Courses in the Schools*—Lester Kirkendall

*Training Teachers for Family Life Education*—B. F. Timmons

*Marriage and Family Counselors*—Abraham Stone, M.D.

*Needed Research in Marriage and the Family*—Ralph Ojemann

*How Churches Can Strengthen the Home*—L. Foster Wood

*Current Youth Problems and Programs*—John Furbay

The opening General Session on the first day of the Conference, with Rabbi Sidney Goldstein presiding, was devoted to *Highlights of State and Regional Councils on Family Life Education*, with some twenty-odd states and five regional groups participating. Another outstanding session was at luncheon on the second day, when the topic was *Plans for Strengthening the Family Around the World*, reports of program trends from delegates representing England, Russia, Finland, Brazil, India, China, and from the World Congress on the Family held in Paris last summer. Closing address on Sunday morning was by Homer P. Rainey, President Stephens College, on *Implications in the Current Scene for the Education of Youth*.

Officers for the ensuing year were re-elected as follows: *President*, Lawrence K. Frank; Dora S. Lewis, *Secretary*; Max Rheinstein, *Treasurer*. *Executive Secretary* is Mrs. Evelyn Millis Duvall, and Council headquarters are at 1126 East 59th Street, Chicago 37, Illinois.

The American Social Hygiene Association was a sponsoring agency for the Conference, and was represented at the sessions by a number of staff members and consultants, including Dr. Mabel Grier Leshner.



## NEWS FROM THE STATES AND COMMUNITIES

BETTY A. MURCH

*Assistant Director, Division of Public Information and Extension,  
American Social Hygiene Association*

**California: American Institute of Family Relations Seminars.**—Plans of the American Institute of Family Relations for the autumn-winter program included nine seminars on the following subjects:

Outwitting Our Nerves  
Development of Personality  
Making the Most of Your Personality  
Understanding Yourself and Others  
Practical Child Psychology  
After 60—Strategy for a Happy Life  
Personality Development for the Career Woman  
Techniques of Counseling—Introductory  
Techniques of Counseling—Advanced

Courses began Sept. 23 and concluded Dec. 8.

**Illinois: Chicago Association for Family Living Program.**—The 1947-1948 program of the Association for Family Living includes a series of study courses and all-day institutes on family problems. During October there were three sessions on *What Money Means to the Family*. Four sessions, the latest Dec. 2, dealt with *Sex and Emotional Development in Children*.

Scheduled for the next months are:

Life with Father. Jan. 5, 12, 19 and 26  
Brothers and Sisters in the Family. Feb. 4, 11, 18 and 25  
The Growth and Development of the Child, a complete course on Tuesday afternoons, from Oct. 7 through Apr. 13.  
Women: Their Satisfaction and Frustrations. Mar. 3.  
When Generations Meet. Mar. 24.

For further particulars, write to Lester Kirkendall, Director, Association for Family Living, 209 South State St., Chicago 4, Ill.

**Indiana: Institute on Education for Family Life.**—An Institute for Family Life was held at Indiana University, Aug. 18-23. Sponsors included: the Indiana Congress of Parents and Teachers, Indianapolis Social Hygiene Association, Indiana Tuberculosis Association, Indiana Department of Public Instruction, Indiana State Board of Health and the School of Health, Physical Education and Recreation of Indiana University.

Participating in the program were: Dr. L. M. Krueger, Professor of Psychology, Indiana University; Dr. Edith Weiskopf, Professor of Psychology, Indiana University; Dr. David A. Boyd, Jr., Chairman, Dept. of Neurology and Psychiatry, Indiana University Medical Cen-

ter; the Rev. John Tennant, pastor, Gobin Memorial Church, Greencastle, Ind.; Dr. Lester A. Jones, Dean, Dept. of Sociology, DePauw University; Dr. Grover L. Hartman, Secretary, Social Service Dept., Indianapolis Church Federation; Charles H. Boswell, Chief Probation Officer, Marion County Juvenile Court; Mrs. Annabelle Motz, Instructor in Sociology, Indiana University; Dr. Thurman B. Rice, Professor of Public Health, Indiana University Medical School; Garrett Eppley, Chairman and Associate Professor of Recreation, Indiana University; Mrs. Rebecca Nelson, Associate Professor of Home Economics, Indiana University; Edmund Whitaker, Economics Department, Indiana University; Dr. Lester A. Kirkendall, Director, Association for Family Living, Chicago. Co-Directors of the Institute were Dr. W. W. Patty, Dean School of Health, Physical Education and Recreation, Indiana University, and Robert Yoho, Director, Division of Health and Physical Education, Indiana State Board of Health.

**Missouri: Kansas City Forums on Marriage and Family.**—P. K. Houdek, Executive Secretary of the Kansas City Social Hygiene Society, reports on two forums held during the fall months.

The Forum on Marriage, held at the Roanoke Presbyterian Church, Oct. 7, 14, 21 and 28, is perhaps the most inclusive program for the family that has come to our attention. The program was divided into group schedules to permit every member of the family to participate. Group schedules and topics assigned were as follows:

Adults—"The Church's Responsibility to Family Life"  
 Adults (With Children in the Home)—"Building a Christian Home"  
 Young Adults (Not Married)—"When You Marry"  
 High School—"Care and Training of Parents" and "Boy Meets Girl"  
 Junior High School—"Friendships" (In and Out of Home)  
 Grade School—"Games and Stunts" (Also Some Surprises)

The Young Kansas Citians Club sponsored a forum on Marriage at the Downtown YMCA, Oct. 9–Nov. 13. Discussion leaders and their topics were: Mr. Houdek, *Beating the Divorce Rate and Things You Should But May Not Know*; Mrs. Ina Jahr, R.N., *Housekeeping or Home-making*; the Rev. Stuart M. Paterson, *God Bless Our Happy Home*; Mrs. Frank B. Leitz, former city PTA president, *May Your Troubles Be Little Ones*. At the final session Nov. 13, Mr. Houdek summarized and opportunity was provided for questions and answers.

**Nebraska: Reports Progress in Social Hygiene Education.**—The September–October issue of *Better Health*, official bulletin of the Nebraska Department of Health, reports definite progress in Social Hygiene Education. Schools in every section of the state are using films, literature, and other materials in special courses and more schools are calling for this type of material to integrate into specific school courses. Health Education Workshops held each summer in various colleges instruct future teachers in social hygiene methods for elementary and secondary schools as a part of the regular school curricula.



The Nebraska Congress of Parents and Teachers has had a social hygiene study program under way since September, 1946. At eight district conventions, the need for such education was presented to representatives of every PTA in Nebraska. The results up to Sept. 1, 1947, are as follows: 86 PTA's have asked for special programs; 73 organized study groups for parents; 56 were responsible for programs in their high schools; 873 PTA families are now using home study courses. "The Nebraska District YWCA incorporated social hygiene education in its 1946 Y-Teen summer camp program and the YWCA and PTA jointly sponsored Social Hygiene Institutes last spring in various parts of the State to train voluntary leaders. As a result, 37 leaders were ready for community work this fall."

A summer education workshop was held at the University of Nebraska last summer, a special section of which was devoted to the development of a new practical and functional health education syllabus for Nebraska colleges. Dr. W. A. Worcestor was the instructor and Mrs. Ruth Mumford Smith of the USPHS served as Special Consultant. Nebraska physicians, dentists and other authorities in the field of health education served as consultants. During the summer, health education workshops were also conducted at State Teachers Colleges at Wayne, Chadron, Hastings, Kearney and Peru; Midland College, Fremont, and Wesleyan College, Lincoln.

**Nebraska: Kellogg Foundation Approves Project.**—The W. K. Kellogg Foundation has approved Nebraska's School-Community Health program and allocated \$65,900 for its support for the next three years. Vernon E. Hungate of the State Department of Education directs the program which operates largely through teacher-education institutions. Health education instructors and supervisors are being placed at the University of Nebraska, the University of Omaha and the four state colleges.

**New Jersey: Middlesex County Social Hygiene Activities.**—Mrs. Mary Jane Diehl, Social Hygiene Educator of the Middlesex County Tuberculosis and Health Association, reports on three institutes in New Brunswick during October and November.

Middlesex County Council of Parent-Teacher Associations sponsored a three-session institute at the YMCA, Oct. 2-16. Topics discussed were *Let's Start at Home*; *Social Relationships of Young Children*, and *You Can Help Young People*.

The Middlesex County Teachers Association sponsored an Institute for Leadership Training in Social Hygiene Education for principals, teachers and school nurses at the YMCA, Oct. 23-Nov. 13. Topics and speakers were as follows:

*The Responsibility of the School in Social Hygiene Education*, Dr. H. F. Kilander, Associate in Health Education, National Tuberculosis Association; *Getting a Good Start*, Mrs. Mary Jane Diehl, Social Hygiene Education, Middlesex County Tuberculosis and Health League; *What Young People Want to Know*, Mrs. Diehl; *Family*



*Life Education in School*, Mrs. Elizabeth Force, Director Family Life Education, Toms River High School, Toms River, N. J.

The New Brunswick Council of Churches held six Sunday evening lectures and discussion meetings on Marriage Counseling at the Livingstone Avenue Reformed Church, Oct. 19–Nov. 23. The first three meetings were for young married couples and the last three for young people aged 15–23. Subjects and speakers were:

*The Sociological and Economic Aspects of Marriage*, Dr. Charles Marden, Sociology Department, Rutgers University; *The Physiological Aspects of Marriage*, Dr. Lena Levine, psychiatrist; *The Spiritual Aspects of Marriage*, Mrs. Bradford Abernethy, member of Federal Council of Churches.

Lectures on *The Meaning of Courtship*, *Falling in Love Intelligently*, and *How to Be Married for Keeps* were given by Dr. Leland Foster Wood, Secretary of the Commission on Marriage and the Home of the Federal Council of Churches.

**New York: George Nelbach Retires.**—George J. Nelbach retired Sept. 1 as Executive Secretary of the State Committee on Tuberculosis and Public Health of the State Charities Aid Association after forty years of notable service. Rowland Burnstan, Executive Director of the Association, announced that Mr. Nelbach will serve as a consultant for a year, and Robert W. Osborn, a staff assistant since 1924, has been appointed Acting Executive Secretary.

Mr. Nelbach's career lacked only five months of covering the entire span of years to date in the fight against tuberculosis in the state, exclusive of New York City. State Charities Aid launched these efforts in May 1907 in conjunction with the State Health Department.

He organized the network of 62 S.C.A.A. County and City Tuberculosis and Health Associations in New York State, whose programs are directed by over 2,500 citizen board members and which now employ a total of 115 professional staff members. He played a leading part in the campaign to reduce diphtheria. In 1932, at the request of Dr. Thomas Parran, then State Commissioner of Health (now Surgeon General of the U.S.P.H.S.), Mr. Nelbach and his associates joined in the movement for the control of venereal diseases. The state and local committees helped to overcome much of the "*conspiracy of silence*" that for years prevented public discussion of the health problems presented by syphilis and gonorrhea.

**New York: Courses on Marriage Problems.**—The New York Tuberculosis and Health Association's fall program included two courses on marriage problems consisting of six lectures each, Oct. 15 through Nov. 19.

The first, *Marriage and Family Living*, for married people, was prepared by the Social Hygiene Committee of the Association and the United Parents Association of New York City. Among subjects

discussed were *Physical and Emotional Aspects of Marriage, Management and the Home*, and *Moral and Ethical Implications of Marriage*.

The second series on *Preparation for Marriage* was planned jointly with the B'nai B'rith Youth Organization. Attendance was limited to young men and women contemplating marriage. Topics included were *Personality of Men and Women; Courtship, Anatomy and Physiology; and Marriage in Modern Society*. Psychiatrists, physicians and authorities on marriage and family life participated. Attendance was limited in each course to approximately fifty. Results indicated a marked interest and other courses may be organized.

**New York: Tri-State Council on Family Relations.**—Connecticut, New Jersey and New York held a meeting on October 15 at the offices of the American Association of University Women.

Dr. Helen Hall Jennings, specialist in group relations, spoke on Socio-drama as an Educational Method.

**New York: Nurses Hold Convention.**—The New York State Nurses Association held its 42nd session and fifth biennial convention in conjunction with the 38th annual meeting of the New York State League of Nursing Education at the Pennsylvania Hotel, New York City, Oct. 12-17.

The convention theme was *World Health—A Challenge to Nurses*. Many authorities in the medical, scientific and nursing fields participated.

**Pennsylvania: Lancaster YW and YMCA Sponsor Marriage Course.**—Six-lecture discussions and a clinic by well-known speakers on the problem of marriage and family life were included in the *Looking Toward Marriage Course*, sponsored jointly by the Lancaster YWCA and YMCA.

Subjects and speakers were as follows:

*Friendship to Marriage*, Mrs. Lorna Sylvester, Executive Director, Tri-County Child Guidance Center, Harrisburg, Pa.; *Making Marriage Work*, Emory M. Nelson, YMCA World Youth Fund in Pennsylvania; *Making Ends Meet*. Miss Florence Dorwood, Family Economics Division, College of Home Economics, Drexel Institute of Technology; *Emotional Adjustments of Marriage*, Kenneth Appel, M.D., Professor of Psychiatry, University of Pennsylvania, Philadelphia; *Physiological and Anatomical Aspects of Marriage*, Joseph Appleyard, M.D., Genito-Urinary Specialist, Medical Director of Lancaster General Hospital; *Marriage and the Family*, Mrs. Virginia K. Henderson, Personnel Officer and Assistant to Dean, College for Women, University of Pennsylvania, Philadelphia; *Happily Ever After* (Movie and Clinic) the Rev. Fred L. Shiffer, pastor, First Baptist Church, Lancaster.



**Rhode Island Continues Its Service to Youth.**—The Rhode Island Social Hygiene Association has scheduled two social hygiene courses for the fall and winter.

*Marriage and Family Life Today*, a six-lecture course, was held at Brown University, Nov. 10–Dec. 15, sponsored by the Rhode Island Social Hygiene Association in cooperation with Brown University, Bryant College, Pembroke College, Rhode Island College of Education, Rhode Island College of Pharmacy, Rhode Island Council of Churches, Rhode Island State College and the YWCA.

Subjects discussed and participants were as follows:

“Courtship and Finding a Life Mate,” Dr. Hornell Hart, Professor of Sociology, Duke University.

“Marriage Is What You Make It,” Dr. Lawrence K. Frank, Director, Caroline Zachry Institute of Human Development, New York, New York.

“Sex as a Factor in Family Life,” Dr. John Rock, Research Associate in Gynecology and Obstetrics at Harvard Medical School.

“Problem Parents,” Dr. Frederick H. Allen, Director, Philadelphia Child Guidance Clinic, Philadelphia, Pa.

“Complications in Family Living Today,” Mrs. Emily H. Mudd, Executive Director, Marriage Council of Philadelphia.

“Why Some People Are Difficult to Live With,” Dr. Arthur H. Ruggles, Superintendent Butler Hospital, Providence, R. I.

A charge of \$3.00 was made for the courses, single admissions 75 cents.

“Understanding Ourselves and Others,” a 16-lecture course, running Oct. 8 through Jan. 28, is co-sponsored with the Rhode Island College of Education, and held at the College Auditorium. The course, intended primarily for teachers, social workers and parents, is divided into four sections, the normal adult, the small child, the school age child and the adolescent. Excellent use was made of local resources in selecting teaching personnel.

**National Social Hygiene Day**  
**Wednesday, February 4, 1948**



## WORLD NEWS AND VIEWS

JEAN B. PINNEY      and      JOSEPHINE V. TULLER  
*Director*                                      *Assistant Director*

LIAISON OFFICE FOR INTERNATIONAL SOCIAL HYGIENE AGENCIES  
AND ACTIVITIES

EUROPEAN DIARY

Jean B. Pinney, Editor of the JOURNAL OF SOCIAL HYGIENE, was one of several American delegates to the General Assembly of the International Union against the Venereal Diseases held in Paris, October 20-25, 1947. The European Diary is Miss Pinney's notes from abroad.

Paris, October 6

Clear skies and a full moon put Air France ahead of its schedule and brought the big Constellation four-motor plane down at Orly Field a full hour early on October 2, after skipping the usual breakfast stop at Shannon, Eire, and coming in over Brittany. Mont St. Michel gleamed in bright sunlight and we seemed close to the green and brown patchwork of France's country-side. At the Gare des Invalides Mlle. Marguerite Troue, administrative secretary of the Union Internationale contre le Peril Venerien was waiting, and during the day, in the course of visits to UNESCO's headquarters on the Avenue Kleber, and to the office of Dr. Andre Cavaillon, Secretary General of the Union, at his pleasant office in the Ministry of Health, overlooking the Arc de Triomphe, the details of plans for the Union's first postwar General Assembly, set for October 20 to 25, were unfolded. A full week of sessions at the Institut Fournier, UIPV headquarters at 25 Boulevard St. Jacques, interspersed with visits to clinics in Paris, Versailles, and a motor trip to Normandy to see rural health conditions and facilities, is planned.

The weather has continued beautiful, clear and sunny, and the people of Paris are appreciative. With no heat, and food scarce, every day that is warmed by the sun is counted as money in the bank. Paris, always beautiful, has seemed to expand and smile under such pleasant skies. The streets are crowded, and the park benches in the Tuileries, the Parc Monceau and other favorite open spots, are full all day long and into the evening, since it is so much warmer outside than indoors.

In spite of increased restrictions on food,\* clothing, fuel, gasoline

\* The makeshift bread, built mainly of corn, dark and unappetizing, must be a constant aggravation not only to French stomachs, but to French pride—to say nothing of the necessity for spending precious time in securing new bread tickets each week. And butter in Paris is practically non-existent, as are milk, chocolate. All are strictly rationed, and the black market flourishes.

and other daily essentials, there is gaiety and fun. One hears laughter, and sees whole families bicycling to the country for Sunday. Three hundred thousand heard de Gaulle speak at the Hippodrome yesterday, as he made his first venture into public life for months. Most of the three hundred thousand seemed to be swirling around the Arc de Triomphe on Sunday evening, on their way home, when the ceremony of renewing the flame at the tomb of le Soldat Inconnu occurred. While all traffic—and such traffic, from trucks to go-carts—stopped dead still, at the signal of police batons high in the air, up the Champs-Élysées marched a company of World War I veterans at quickstep, berets at a jaunty angle, colors flying, band playing—a trumpeter with a peg-leg was particularly lively—the company curé wore his peaked cap above fluttering cassock. They were all tall men, these, and their bearing and verve brought the crowd watching them to attention. Even the rear-ranker toting a suit-case with a replacement supply of oil for *la flamme souvenir* failed to break the spell. When the detachment had halted under the Arc, the fresh flowers had been laid on the flat slab which marks the resting place of the Unknown Soldier and the new flame lighted, the band played the national anthems of Britain, America and France, while the sunset skies darkened. Then “Company, attention!” and again at the quickstep they marched under the Arc and down another avenue leading from l’Étoile. Traffic began to rush by again, but the crowd was still silent for a long moment, in solemn tribute. A WAC said “Gosh!” and that about summed it up in Americanese, for the moment and the occasion, and for all time as regards the spirit of France.

Amsterdam, October 9

Pausing here en route to Brussels by KLM Airways, after two days in Rotterdam, the Bible story comes to mind “the one was taken and the other left.” Skies were safe over Amsterdam during World War II, but Rotterdam, in 1940 a flourishing, thickly populated city, with many modern buildings, has scars both of earth and spirit, suffered before and after she surrendered to the Nazis in the vain hope of saving her eight hundred thousand citizens from bombing. Great bare spaces, with piles of brick and stone tidily stacked against new buildings, occupy most of the downtown area. The Central Hotel, where I stayed, once one in a row of seven and eight storied structures, now stands alone in an open field. Even more sharp reminders of the war are the shrines along the business streets, marking the places where Dutch citizens were shot at random as they passed by, in so-called reprisal for damage done German property or troops.

Dr. E. H. Hermans, a vice-president of the International Union, chief of the venereal disease bureau of the Rotterdam Public Health Service and secretary of the Netherlands League against the Venereal Diseases, spent seven months in prison, with the threat of execution constantly over him, but was finally released. He and Mrs. Hermans live in one of the very few areas in Rotterdam that escaped bombing, having moved there from a bombed-out residence. It was pleasant



to meet here young Dr. Robert Biach (and Mrs. Biach), attached to the Dutch Consulate and in charge of emigration health matters for the U. S. Public Health Service. Dr. Hermans' clinic, in a beautiful new building actually put up during the war, is modern as to facilities and methods, well-staffed and well-situated on the top floor, flooded with light and altogether living up to the legend "*Verkomen is beter dan Genezen*" (It is better to prevent than to cure) which forms the central motif of the lovely mural—depicting a throng of people, young and old, sick and well—in the circular entrance hall on the ground floor.

Food, clothing, fuel and other necessities are more plentiful in Holland than in France. Gasoline is not rationed, but nearly everything else is, prices are high, and many things are still "in the future." Many Hollanders who once drove cars are riding bicycles, though this method of conveyance is always popular, and cycling paths parallel the highways. It was reassuring to see herds of placid cattle, fat sheep and hogs in the fields between the canals. In Amsterdam the shops were well-stocked, and the people seemed unhurried and content. At a large Museum a collection of paintings from Vienna, just starting out on a world tour, was attracting a crowd which waited outside in a double line half way 'round the block. The Opera House offered a full bill of attractions. Hollanders were approving the action of Queen Wilhelmina in temporarily turning over power to Princess Juliana. "It is time the Queen took a little rest" was the comment.

Brussels, October 11

Life is easier in Belgium. At the Emigration Service in Brussels a ration ticket was turned over with the passport, with the smiling comment, "You will not need this, but it is nice for a souvenir." Food, including plenty of butter, milk, eggs, and chocolate, is readily secured, without coupons, and the prices are high, but not too high for the average purse. Gasoline seemed plentiful, and the shops were full of clothing, leather goods, and other hard-to-get articles. There was heat in Le Grand Hotel on the Boulevard Anspach, the outdoor and indoor cafes were full of customers comfortable sipping coffee and eating little cakes between the more elaborate meals which make up the Belgian regime, and there was an air of relaxation and security about the whole place that was most grateful.

At the University Professor René Sand's pleasant and spacious library was well-stocked with publications from all over the world. There the shocking news of Howard Knight's sudden death was learned, and there was talk of what effect this would have on the plans for the first postwar International Conference of Social Work, of which Professor Sand is President and Mr. Knight was Secretary, and which had been scheduled for Atlantic City next May at the time of the National Conference of Social Work.

Most pleasant was dinner en famille at the delightful home of Dr. Leon DeKeyser, Union vice-president, and well-known for his work



in the field of venereal diseases. Other guests were Dr. Gerard, who is serving as one of the rapporteurs for the Union's General Assembly, and Mrs. Gerard, who will accompany him to Paris.

London, October 15

The night flight down from Brussels was lovely. The English coast is encountered at Dover, and from there down to the landing field at Heath Row the strands of red, green and yellow lights furnished a continuous and enchanting spectacle. The 45 minute motor coach trip from the airport into London was comfortable and easy, the streets were still brightly lighted and numerous buses running at midnight when the hospitable doors of Grosvenor House were opened to one tired member of the United States delegation. The chief member had been there since early in the evening, after a fourteen hour flight via Pan American from New York.

Social hygiene and other friends have been hospitable in London. There was a pleasant midday meal at Wimbledon with Sir Sidney Harris and his family, and a long walk across the Common afterward. Sir Sidney's many friends among JOURNAL readers will be glad to know that he has made a good recovery from the serious illness and surgery which he underwent early in 1947, and that he has recently taken on the chairmanship of the British Film Board, corresponding somewhat to the Motion Pictures Distributors Association of America, and his own position similar to that of Mr. Eric Johnston. Dinner with Colonel and Mrs. Lawrence Harrison at the Army and Navy Club in Pall Mall was another welcome reunion, and at luncheon at the Curzon House Club, as guests of Mrs. Sybil Neville-Rolfe, there was fine opportunity for improving acquaintance and discussing mutual interests with Dr. Melville Mackenzie, International Relations Officer of the British Ministry of Health; Dr. McElligott, chief of the VD Division, and Dr. Mary Michael Shaw, Assistant Medical Officer; Dr. Robert Forgan, of the Central Council of Health Education, and Mr. Elliston, of the Council and the British Social Hygiene Council.

A tea-session with Dr. Winifred Cullis and Mrs. Eleanor French, President and Secretary respectively of the British Social Hygiene Council, was another fruitful and interesting interview. Mrs. French gave me news of Mrs. Dwight S. Perrin of Philadelphia, who had talked with her at some length while in London (we missed each other in Paris), and spoke with enthusiasm of the success of the Social Hygiene Institute held in Switzerland by the Council last summer, with an attendance of 85 teachers, nurses and social workers. It is planned to repeat the Institute in 1948 and Mrs. French hopes for a larger representation from America.

It was good to see Ethel Wigmore, former librarian of the National Health Library, and now with the British Council for Medical Research. With her for a jolly dinner came Dr. Dorothy Horstmann, of Stanford and Yale Universities, here in London for research into virus infections.

Visits to Westminster Abbey, to the British Museum, where the Mildenhall Treasure of ancient Roman silver plate, recently ploughed up in England, was startlingly beautiful, to Wyndham Theatre to see a well-cast and acted production of Shaw's comedy, *You Never Can Tell*, bus rides in the very accommodating and comfortable motor coaches which seem to be running in normal profusion, made up a busy time.

Britain has austerities. Fuel is in short supply, though the papers announced that citizens could turn on their heaters on October 10. Milk is limited mostly for children, and not too much of that. The egg ration, recently improved, is one per person each fortnight. Clothing is hard to find, high in price, and practically non-obtainable anyway because of the necessity for coupons, which are issued in very limited number. Britain grumbles, but with wit and humor, as witness this comment by Lane Norcott in today's *Daily Mail*:

"We are sometimes asked what we imagine the typical Englishman (the Directed Man) will be like in the far distant future. This is a painful question and deserves a painful answer. We picture a small, timid, sheep-like individual, with only one gut like the snipe, and capable of existing for 24 hours on a single free injection of National Britox, the vitamin-impregnated meatless State manna for the masses. Our descendant's ears, we fancy, will be capable of standing erect suddenly like a dog's, listening for the footsteps of inspectors and supervisors of all sorts, and for the same reason, his eyes will swivel in little revolving sockets, so that he can glance suspiciously over his shoulder without turning his head. He will have no mind of his own, or even a race memory of his mind, but will rise, dress, come, go, work, and sleep solely by reflex action set in motion by the blast of a whistle or hooter. Because of compulsory education he will be able to read and write sufficiently to fill in his Forms and Tax Returns, but as a result of the Control of Subversive Books Order (1952) and the Abolition of the Private Mails Act (1967) he will otherwise be illiterate. Under license he will be permitted to marry an approved female worker and occupy one-tenth of a communal dwelling shelter, but his children will become the property of the State on birth, and pass from his possession. How the poor thing will enjoy himself, if at all, we can't possibly imagine."

It seems clear, however, that as long as Englishmen can enjoy writing and reading such amusing pieces, that they are far from being subdued by flood or famine or other ills.

Paris, October 19

The United States delegation to the General Assembly arrived here on the evening of October 15, at the crucial moment when the workers of Paris were trying to get home without Metro or bus service, the unions of both these having gone on strike that morning. Dr. Heller, coming in from Cherbourg, was fortunate enough to be met by a Public Health Service representative from the U. S. Embassy. Dr. Snow and Miss Pinney, arriving at the Gare du Nord after a smooth crossing by the channel boat S.S. *Invicta* and a comfortable trip from Calais on the Golden Arrow, eventually, with the help of a kindly porter, corralled a volunteer car with a driver who announced himself as an artiste—"an acrobat" and who proved his right to the title en route to the Hotel France et Choiseul in the rue St. Honore. It was a ride not to be forgotten, in a rickety



and rickety five passenger car of uncertain lineage and vintage, which bucked and snorted its way alongside the camions and other impromptu conveyances which had been hastily mustered.

At this writing, Paris is still walking, bicycling or what have you, the Metro station entrances are guarded by police, and the strikers are playing little games of letting the air out of the tires of the government's substitute buses. Today is the day of municipal elections throughout France, and the rumor is that the strikers may go to work again after this matter is settled. If not, the delegates to the General Assembly will find the considerable distance to the Institut Fournier, Boulevard St. Jacques, something to reckon with aux pieds, and taxis hard to find. A very popular man is Dr. Thorstein Guthe, VD Specialist for the Interim Commission, WHO, who came here from Geneva by motor, and other delegates and observers to the Assembly who adopt similar means of conveyance may save the time and shoe-leather of others in the group, which is expected to number something over 50.

The days have been full since arrival here with conferences with Dr. Cavaillon, Miss Troué, Dr. Guthe, Dr. Lynne Fullerton, head of the U. S. Public Health Service to the U. S. Embassy, and other colleagues and friends. Of special interest was tea yesterday at Rumpelmayer's with Dr. I. M. Zhukova, Counselor, Section on Natural Sciences of UNESCO, who will leave immediately after the Assembly for Mexico City, to attend the Second General UNESCO Conference. A welcome visitor was Dr. James H. Lade, en route to Poland in behalf of the International Emergency Children's Fund.

Tomorrow begin the sessions of the General Assembly.

But that is another story.

J. B. P.

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### News from the United Nations

**WHO Interim Commission Appoints Expert Committee on Venereal Diseases.**—In line with the plan announced following its fourth session of giving priority to the prevention and control of venereal diseases as among the most immediately important international health problems, the Interim Commission of the World Health Organizations has appointed a committee of four experts in this field, and has set the date of the first meeting for January 12, in Geneva. The Committee members are as follows: Dr. John F. Mahoney, United States of America; Dr. G. L. M. McElligott of Great Britain; Dr. Waldemar Coutts of Chile; and Dr. Marian Gryzbowski, of Poland.



## Publications of International Social Hygiene Interest

### Reports

- A Guide to the Economic and Social Council.** Reprinted from the UN Weekly Bulletin. Department of Public Information. Lake Success, N. Y., April, 1947. Handy for quick reference as to purposes, functions and membership of ECSOC.
- A Report on the Inaugural Meeting of the American Institute of France.** Published by the Institute, a corporation at 25 East 64th Street, New York 21, and 96 Boulevard Raspail, Paris 6.
- Community Health Centre.** University of the Witwatersrand, Johannesburg, South Africa. Second Report, for the year 1945.
- Education in Britain.** British Information Services Reference Division. 30 Rockefeller Plaza, New York 20. I.D. 606, revised to June, 1947.
- Going to School in War Devastated Areas.** Leonard S. Kenworthy. A Publication of UNESCO and the Commission for International Educational Reconstruction, 744 Jackson Place, Washington 6, D. C. 20 pages, illustrated.
- History, Structure and Aims of the World Federation of United Nations Associations.** Published by the WFUNA, International office 19 Avenue Keeber, Parks 16, France. New York Liaison Office, 45 East 65th Street.
- Report of the First Central-American Conference on Venereal Diseases, Panama, April 22-25, 1946.** Edited by Dr. Jose Amador Guevara, Conference president, and Chief of VD Control for the Costa Rican National Department of Public Health. 250 pp.
- Selected Publications and Materials Relating to the Foreign Policies of the United States.** U. S. Department of State, Division of Public Liaison. Washington 25, D. C. A 12 page bibliography.
- United States National Commission for UNESCO. Report on the first meeting, September, 1946.** U. S. Dept. of State, United Nations Information Series 14. Pub. No. 2726. For sale by the Superintendent of Documents, U. S. Government Printing Office, Washington 25, D. C. 25 cents. 41 p. 1947. (see also Periodicals)

### Periodicals

- American Review of Soviet Medicine.** Published bi-monthly by the American-Soviet Medical Society, 58 Park Avenue, New York 16. June, 1947. Survey article. *Recent observations on program for medicine and national health in the USSR.* Stuart Mudd.
- Archivos Mexicanos de Venereologia y Dermatologia.** Published by the National Association of Venereology, Mexico City, D.F. January-February, 1947. *La Lucha Antivenerea en Mexico: its history, status and suggestions for the future, including notes on legislation, and the experience of the City of Juarez in reduction of venereal diseases through prostitution repression. Notes on the establishment of a new hospital for venereal diseases.* Dr. Enrique Villela. March-April, 1947. *La lucha antivenerea en Mexico*, continued and concluded. *Syphilis and penicillin.* Dr. Antonio Aparicio. *Social Hygiene Day in Mexico.*
- Boletin de la Oficina Sanitaria Pan Americana.** March, 1947. *Final act of the Twelfth Pan American Sanitary Conference, Caracas, Venezuela, January, 1947.*
- Bulletin Abolitionniste.** International Abolitionist Federation. 37 Quai Wilson, Geneva, Switzerland. April, 1947. *La prostitution en Norvege. Inde. Repression du racolage en France.* May-June, 1947. *La FAI recoit le statut consultatif. Nations unies et prostitution. Baisse des maladies veneriennes en France. Congres International de Bruxelles.*
- Bulletin of the Pan American Union.** Washington, D. C. May-June, 1947. *Alberto Lleras, Director General of the Pan American Union. Notes from the Inter-American Commission of Women.* July, 1947. *Installation of Dr. Lleras. International Conference of American States.* (Bogota, January, 1948.)

- International Conciliation.** Carnegie Endowment for International Peace. Division of Intercourse and Education, 405 West 117th St., New York 27. Published monthly. 25 cents a year. 5 cents a copy. May, 1947. *The development of UNESCO.* Howard E. Wilson.
- National Commission News.** Published monthly for the U. S. National Commission for UNESCO. Dept. of State Pub. No. 2846. Vol. 1. No. 1. June 15, 1947. *The second meeting of the executive board of UNESCO.* Archibald MacLeish. *News. The National Commission.*
- Newsletter.** Health and Sanitation Division. Institute of Inter-American Affairs, Washington 25, D. C. July, 1947. *Report of the program in the Amazon Valley.*
- Public Health.** Published by the Society of Medical Officers of Health, Tavistock House South, Tavistock Square, W.C. 1. June, 1947. Editorials: *London's administration of the Health Service Act. International aspects of the VD problem.*
- School Life.** Official Journal of the U. S. Office of Education. Washington, D. C. July, 1947. *Teachers and children in German schools. An opportunity for international understanding.*
- The Shield.** A review of moral and social hygiene. Association for Moral and Social Hygiene. Livingstone House, Broadway, Westminster, S.W. 1, London. June, 1947. *New president. A visitor from Germany. Annual meeting. Notes from the continent. In parliament.*
- Vida Nueva:** Revista de Medicina and Cirugia. Habana, Cuba. January, 1947. *Medico-social aspects of infantile syphilis.* Gustavo Cardelle, Alberto Mata and J. C. Saenz.

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## World Events—Current and Future

(Dates subject to revision)

### United Nations

(At Interim Headquarters, Lake Success, N. Y., unless otherwise noted)

from

- |                  |   |
|------------------|---|
| February 2       | Economic and Social Council—Sixth session.                  |
| March 30         | Social Commission—third session.                            |
| May 17<br>Geneva | Conference of International Non-Governmental Organizations. |

### UN Specialized Agencies

- |                      |   |
|----------------------|---|
| January 12<br>Geneva | WHO Interim Expert Committee on Venereal Disease. |
| January 22<br>Geneva | WHO Interim Commission—fifth session.             |

### Governmental and Inter-Governmental Conferences

- |                    |   |
|--------------------|---|
| January<br>Caracas | American International Institute for the Protection of Childhood. |
|--------------------|---|

### International Non-Governmental Organizations

- |                      |  |
|----------------------|--|
| January 29<br>Geneva | World Federation of United Nations Associations. |
|----------------------|--|

## OBITUARIES

**Dr. John Herr Musser**, specialist in internal medicine, president of the American College of Physicians in 1929-30, and vice-president of the American Medical Association in 1933-34, died September 5 in New Orleans. Dr. Musser, who was 64, was formerly a member of the Board of Directors of the American Social Hygiene Association. Following his earlier teaching and practice in Philadelphia, he had been Professor of Medicine at Tulane University from 1924 until the time of his death, and served as president of the Louisiana State Board of Health from 1940 to 1942. The profession of medicine and all who worked with him in the many voluntary and official agencies to which he contributed distinguished leadership will sorely miss his influence and inspiration.

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**Howard Knight**, for many years general secretary of the National Conference of Social Work, died October 7 at Columbus, Ohio, after a heart attack. Mr. Knight, who was widely known throughout the health and welfare field, had only recently returned from a trip to Europe when he was stricken. The progress of social work has been severely handicapped by his loss in this critical period. As Secretary-General of the next International Social Work Conference, in consultation with Dr. Rene Sand of Belgium who is President, he had just completed the program plans for this great meeting in Atlantic City, May 1948. The convening of this Conference will afford an opportunity to establish a fitting memorial in recognition of Mr. Knight's great services to social work.

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**Walter Minson Brunet, M.D.**, Director of Medical and Public Health Activities for the American Social Hygiene Association in the years immediately following the First World War, and subsequently Secretary of the New York Tuberculosis and Health Association's Social Hygiene Committee for several years, died at his home in Brooklyn, N. Y. on September 27. His age was 60.

As an officer in the U. S. Navy during World War I, as a popular and capable exponent of modern social hygiene methods throughout his professional life, and as Medical Director for an important industrial concern, the Bridgeport Brass Works, during World War II, Dr Brunet performed efficient and valuable services. His many friends and colleagues will miss him, both for these services and for himself.



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## EDITORIALS

### TOWARDS BETTER WORLD HEALTH

As this International Number of the JOURNAL goes to press, the program for world-wide effort to protect and improve the people's health is now rounding into definite form. The Interim Commission of the United Nations World Health Organization is holding its Fifth Session in Geneva. The required ratification of the WHO Constitution by a minimum of twenty-six nations has been completed. The First World Health Assembly will be called in June, probably in Geneva.\* The WHO Special Expert Committee on Venereal Diseases, headed by Dr. John F. Mahoney of the United States Public Health Service, following its first session in Geneva, January 12-16, has submitted its report and recommendations to the Interim Commission; and the Commission has reaffirmed its conviction that venereal diseases have high priority in the list of official activities to be undertaken. On the voluntary side, the International Union against the Venereal Diseases, meeting in Paris in October for its First Postwar General Assembly has recommended next steps to be taken from the voluntary angle, and has moved to insure full cooperation with international official efforts. The prevailing atmosphere of unity in thought, intention of action and confidence in the outcome augurs well for real progress against these ancient and deadly disease—enemies of health and happiness.

As always, facts and figures are essential tools and valuable guides to action in this effort. The American Social Hygiene Association, in devoting the entire space of this issue of the JOURNAL OF SOCIAL HYGIENE to the comprehensive report on *International Aspects of the Venereal Disease Problem* prepared by Dr. Guthe, Dr. Hume and their collaborators, hopes that the information presented may serve as an aid in building an operating base in the current situation and a framework for the future, as we move towards better world health.

\* Twenty-one United Nation members have completed formalities of ratification. Eight other UN member nations and one non-member have informed the Interim Commission that their legislatures have ratified the constitution, and it is expected that these nations will complete the formalities in the near future. On July 7, 1947, the United States Senate passed S. J. Resolution 98 authorizing the President to accept membership for the USA, and on July 17 the House Foreign Affairs Committee reported H. J. Resolution 161 favorably to the House of Representatives, but it has not been acted upon to date.



## THE INTERNATIONAL UNION AGAINST THE VENEREAL DISEASES PASSES QUARTER-CENTURY MARK

On January 27, 1923, there came together in Paris, for the purpose of planning an international voluntary campaign against the venereal diseases and conditions permitting their spread, representatives of national social hygiene societies, national Red Cross societies and government health agencies from nineteen countries. The International Union against the Venereal Diseases, founded at that time, has therefore just passed its 25th milestone.

It is interesting and encouraging to note how such an organization, without extensive financial resources, with activities suspended during six years of war, and subject since war's end to the difficulties and delays in communication—both of information and of currency—which now unavoidably hamper all international programs, can still make progress towards its chosen goals. As the second quarter-century of work starts, the Union can report:

*Maintenance through the years of international headquarters in Paris, with an Administrative Secretary working under direction of the Secretary-General. . . . Cooperation of sixty national member agencies, representing forty-three countries, and national correspondents in other areas of the world. . . . The meeting of these groups in General Assembly in different European cities, each year from 1925 to 1939, and again in 1947, with numerous lesser conferences for special purposes. . . . Publication and circulation of the PROCEEDINGS of these Assemblies, and of special compilations such as the ANTI-VENEREAL DISEASE LAWS OF THE WORLD (second edition now in preparation). . . . Extension of influence and service, since 1946, through a Regional Office for the Americas, operated under the auspices of the Union's member agency, the American Social Hygiene Association, at 1790 Broadway, New York. . . . Continuous liaison service through this Office for the United Nations Secretariat and the Commissions of the Economic and Social Council in New York. . . . Special liaison services to the World Health Organization and UNESCO in New York, Paris, Geneva and other points. . . . Field visits by the Union's officers and staff to twenty-six countries in 1947.*

This is a good record. As to the future, Dr. William F. Snow, Union president, sounded the keynote, when he said, speaking before the 1947 General Assembly in Paris last October: \*

*"All countries have the opportunity to go forward with national and international programs of great promise, but if lasting advances are to be achieved there must be steady and vigorous teamwork and joint effort among all concerned. Especially it is highly important to establish correlated governmental and non-governmental activities. . . ."*

If these principles are observed, and if adequate resources of funds, personnel and facilities can be found, the next twenty-five years should show the greatest gains yet, and perhaps, indeed, the hoped-for complete conquest of venereal diseases.

\* See *Twenty-five Years of Work, and Next Steps*, William F. Snow. *Summary Report, Proceedings of the First Postwar General Assembly, Paris, France, October 20-25, 1947*, as described on page 96.

# INTERNATIONAL ASPECTS OF THE VENEREAL DISEASE PROBLEM\*

THORSTEIN GUTHE, M.D.

*Medical Officer, Venereal Diseases, Interim Commission, World Health Organization, Geneva, Switzerland*

AND

JOHN C. HUME, M.D.

*Surgeon, U. S. Public Health Service; Research Associate, Johns Hopkins School of Hygiene and Public Health, Baltimore, Maryland*

*with the collaboration of*

ROBERT C. GASKILL, Lt. Col., MC, U. S. Army, Fort Sam Houston, Texas, U. S. A.; HAROLD MAZUR, M.D., District Health Officer, City Health Department, Los Angeles, California, U. S. A.; TRYGVE GJESTLAND, M.D., Norwegian Health Service, Oslo, Norway; and RAFAEL SANCHEZ-PEREZ, M.D., Chief, Division of Venereology, Ministry of Health, Caracas, Venezuela.

## I. INTRODUCTION

Syphilis and gonorrhea represent only one group of illnesses which have plagued mankind for centuries. Pestilential diseases such as yellow fever, typhus, smallpox, cholera and plague are more dramatically fatal and incapacitating to man and have demanded more immediate attention through the ages than have venereal infections. In the past, therefore, cooperation between nations in the field of health to a large extent has been directed towards the combating of such diseases; yet venereal diseases represent a health problem where international cooperation might well be of importance to human progress.

In syphilis and gonorrhea, no extra-human reservoir of infection is known to exist, as is the case in some diseases. Other infections are often geographically localized or restricted to limited population groups and not universally distributed throughout all areas and races of the world, as are syphilis and gonorrhea. Nevertheless, considerable variation is observed in the occurrence of venereal diseases and there are no bars to the spread of infection from one area to another via routes of communication.

The mode of transmission of venereal infections is unique and is inseparably linked with human behavior. The broad social implications of the venereal disease problem should therefore offer a general basis for international attack. However, to date, the record of inter-

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national cooperation in combating the venereal diseases has not been impressive.

The object of this presentation is to discuss various international aspects of the venereal disease problem and to suggest some possible avenues of approach towards its solution in the future.

## II. EPIDEMIOLOGICAL CONSIDERATIONS; THE NATURE AND THE EXTENT OF THE VENEREAL DISEASE PROBLEM

In venereal diseases, as in other communicable diseases, the basic approach to influencing the parasite-host relationship in favor of the host could be through the parasite or the host, or by blocking the transmission of the parasite from host to host.

a. In syphilis and gonorrhea, which are quantitatively the important venereal diseases, the human reservoir is inseparably linked with the transmission of these diseases, as will be discussed later.

b. A number of methods for attacking the problem through the host have developed in the course of time. These are established principles in the present day venereal disease control programs. It is not proposed to enter into the details of the various accepted procedures in this presentation, but all of these methods come under one or more of the following headings:

- (i) Protection of the host through local or systemic measures;
- (ii) Protection of the potential host by isolation of infected individuals;
- (iii) Prompt and effective treatment (chemical quarantine);
- (iv) Tracing of contacts of infected individuals;
- (v) Education of medical and allied professions, of patients, and of the public;
- (vi) Statistical analysis of surveys, morbidity and mortality data, et cetera, as a baseline for the measurement of the efficacy of venereal disease control methods.

c. The final avenue of approach is through the blocking of the transmission. The world-wide accepted terminology, venereal diseases, stresses the difference in the mode of transmission of these diseases as compared to other communicable diseases. Sexual contact is probably responsible for over 95 per cent of all acquired venereal infections. Acquired venereal disease transmitted by unusual methods represents the remaining 5 per cent.

Sex activity as such is a basic and normal aspect of living in man. It becomes a factor in venereal disease epidemiology through promiscuous sex behavior. In attempting to block the transmission of venereal diseases, promiscuity and prostitution must be minimized or eradicated. This concept will be less valid if effective immunization or practical peroral prophylaxis becomes available.

Blocking of the transmission of venereal disease from the reservoir to potential hosts is basically associated with broad social problems which have delineated themselves through the course of time in all



countries. Social progress has come unevenly to the different areas and races of the world. Achievement of physical and mental health has followed a similar pattern; and venereal diseases are therefore more prevalent in races and areas where social and economic development according to the usual occidental concept is lagging. Unfortunately, knowledge of the actual prevalence and incidence of venereal diseases is often either sporadic or particularly deficient for such areas.

Wars emphasize pre-existing venereal disease problems. Unstable social conditions and the movements of armed forces, armies of workers, evacuees, displaced persons and other groups favor the spread of venereal infections. The recent war was no exception. Several countries were bases for troops of nations other than their own and the experiences of occupation forces on foreign soil during and after the war have further pointed out the problem of promiscuity and prostitution as inherent factors in the epidemiology of venereal diseases. After the war venereal diseases still remained a public health problem in all countries and the impact of military occupation and demobilization has reflected itself in venereal disease rates even higher than those observed during the war. If we consider the recent developments in the speed and scope of communications, whereby persons or whole population groups are being rapidly moved from one continent or nation to another, the international, epidemiological importance of these diseases becomes evident.

Evaluation on a global scale of the actual magnitude of the venereal disease problem must be based on coordinated and fairly accurate morbidity and mortality reports from the various countries, on prevalence surveys or on both. An attempt to secure such material makes it clear that the availability of this information is limited at the present time. Furthermore, the quality of data available on the incidence, prevalence and mortality of acquired and congenital venereal infections varies widely. Different indices are often applied in different areas; prevalence rates refer often to selected population groups; mortality rates give little information on current syphilis problems; data on stillbirths are fragmentary, et cetera.

Before the last war, international morbidity reporting through the International Public Health Office in Paris confined itself largely to the five pestilential diseases (plague, cholera, yellow fever, typhus and smallpox) as part of its administrative duties under the International Sanitary Conventions. Sporadic data on syphilis were made available by the Health Organization of the League of Nations and by individual countries where venereal diseases were reportable. In many countries attendance at government medical institutions represented the only means of recording the incidence of venereal infections.

Syphilis, for recognized reasons, may serve as the best index of the venereal disease status of countries. As to the actual occurrence of gonorrhea and the "minor" venereal diseases—chancroid, lymphogranuloma venereum and granuloma inguinale—very little exact information is available on a world-wide scale. In the following report

we have therefore largely confined ourselves to the use of syphilis as an index of the occurrence of venereal diseases.

It is not possible in this presentation to make an extensive analysis of information available for individual countries or various areas in the world. The reader is referred to the League of Nation's publication on the subject<sup>1</sup> and to summary data given in *Appendix 1* to this review. It has been found practical, in *Appendix 1*, to illustrate the extent of the problem by continents. Data are given for selected countries and areas, preferably where attempts have been made over a period of time to estimate venereal disease levels and trends.

The limitations of statistical information on venereal diseases are recognized and the discovered incidence and prevalence of venereal infections clearly represent *minimum levels of disease*. If, for example, a yearly incidence of 100-200 new cases of syphilis per 100,000 \* be applied to the world's population of two billion people, we arrive at 2-4 million newly acquired cases of syphilis annually. By applying the conservative ratio of 1:3::syphilis:gonorrhea, we add to this an estimated minimum of 6-12 million new cases of this disease per annum. If one applies a prevalence rate for syphilis of 2 per cent, a total of 20 million cases is secured.

The national and international importance of venereal diseases is brought out by these conservative estimates. Many investigators are of the opinion that syphilis and gonorrhea are at least several times as frequent as these estimates would indicate. This will further emphasize the fact that venereal infections represent a world-wide problem of great magnitude.

### III. VENEREAL DISEASE IN RELATION TO TOTAL ENVIRONMENT

History has proved the international importance of venereal diseases through the ages. Students of these diseases have pointed to the possible multiple origin of both gonorrhea and syphilis. Historical documents and disputed syphilitic bone findings in ancient peoples have given rise to the theories of the geographical origin of this disease in both the Americas<sup>32, 33</sup> and Europe.<sup>34, 35</sup> There is also evidence that syphilis existed in China in ancient times.<sup>36</sup> †

Whatever its geographical origin, epidemic outbreaks of syphilis occurred in Europe in the fifteenth and sixteenth centuries. The disease spread with the movement of European armies and became a real international concern. It spread through Italy, Spain, France, Switzerland, Holland, Greece, the British Isles, Hungary and Russia, within the ten to twenty years following the return of Columbus and his men to Europe from the American continent. Through the travels of Vasco da Gama, syphilis has been reported to have spread

\* Approximately the discovered incidence of syphilis in Denmark and Finland for 1946.

† For a review of the *Highlights of the History of Syphilis*, see a recent article by P. le Van, J. SOCIAL HYGIENE, 33:249-254 (June), 1947.



to the Orient and, later, to have become a widespread disease in central Asia and the inner part of Russia.<sup>37</sup> In the eighteenth century, epidemics of syphilis occurred in the Scandinavian countries, and in the nineteenth century it spread endemically in Serbia, Roumania and other countries of Eastern Europe.

If we go back in time, the earliest quantitative recording of venereal disease in any one group of populations is found in military personnel. In the United States, statistics on syphilis and gonorrhea have been available since 1819 (United States Army). Since that time the increased incidence of venereal disease during times of war has illustrated quantitatively and qualitatively the factors inherent in the venereal disease problem.

The relationship between prostitute camp-followers and venereal disease has been historically established. In the middle ages hordes of women were regular complements of fighting armies. The casualties caused among the soldiers by this army of prostitutes were fantastic, if we are to believe the medical report of the Chief Surgeon to the Duke of Alba. "During the war between the Spaniards and the Portuguese in the 16th century, this eminent surgeon stated that the venereal disease problem among the troops was so grave that he and his assistants had to amputate 5,000 penes.<sup>38</sup> Crusades were launched against prostitution by a number of warriors after the fifteenth century. These efforts showed a varying degree of failure and venereal disease and prostitution have remained closely associated problems to the present time.

Numerous organized houses of vice have been established throughout the ages and in many countries since the first military brothels were developed in the Roman Empire. With time, these brothels developed into civilian, often socially accepted, institutions, facilitating the spread of venereal disease in the general population. However, cognizance was not taken of the relationship between prostitution and the spread of venereal infections until the 18th and 19th centuries.

At the end of the 19th century, Fournier,<sup>39</sup> in France, observed that 70 per cent of all civilian syphilitics treated in Paris had acquired their infection from registered prostitutes. In 1908, Russian studies showed that in St. Petersburg, of 3,191 males with venereal disease, 90.8 per cent had been infected by professional prostitutes.<sup>40</sup> Repeated observations of this nature contributed to a world-wide belief that the registration and medical inspection of prostitutes could lead to the control of venereal disease and programs of this type became widely adopted.

Pioneering a social concept of venereal diseases and prostitution in 1876, Marion Sims,<sup>41</sup> in his presidential address to the American Medical Association said:

"So far as the human race is concerned, I look on the subject of syphilis as the great question of the day. Syphilis is no longer a question for the therapist, but one for the philanthropist, the legislator and the statesman. It is a question of Public Health."



This concept was developed further by P. A. Morrow,<sup>42</sup> one of the founders of the American Social Hygiene Association. He advocated that the basic causes of the existence of venereal diseases lay in social conditions; conditions which the sanitarian alone could not be expected to control. Even under the best possible supervision, regulation of prostitution by means of medical inspection and licensing could not control venereal diseases.

With the development of industry and commerce in the 19th century, international progressive forces began to voice opinion against white slave traffic and prostitution. In 1889 the International Federation for Abolishment of (State Regulation of) Vice met in Geneva, and between 1902 and 1933 a number of such international meetings were held on sexual reform, the suppression of traffic in women and children, and organized vice. These meetings were held for the most part in the capitals of Europe but no world-wide interest was aroused before the League of Nations' inquiries into this field, beginning in 1924. The League's social commission aimed at coordinating anti-vice activities on a world-wide basis and making recommendations to governments concerning the prevention of organized vice and the rehabilitation of prostitutes. In *Appendix 2* the important international agreements, etc., pertaining to prostitution and traffic in women and children have been summarized, along with the recommendations or provisions for protection. Through this work it was generally recognized that organized vice in many parts of the world is the consequence of unfortunate social conditions. The existence of organized vice expressed to some extent the plight of the underprivileged woman and the erring and the delinquent minors with little or no opportunity for education, training and decent self-support. Many prostitutes were recognized to be mentally defective and in need of treatment rather than punishment.

This international work led, in many countries, to the adoption of legal measures designed to suppress or abolish organized prostitution. Progress, however, was by no means universal, and at the outbreak of the second World War much remained to be done. Since the termination of the War, this work has been resumed by the United Nations and efforts are being made to unify the several international conventions into one broad international instrument. At the same time, expansion of the principles laid down in the provisions of the conventions is being sought, a general recommendation for the free treatment of venereal diseases in all countries being considered for incorporation in the new international instrument.

Suppression of brothels and organized houses of vice does not necessarily abolish prostitution. Abraham Flexner's<sup>43</sup> study of prostitution in Europe in 1921 showed that the city of Berlin had 5,000 registered brothel inmates. Besides this group, there were estimated to be 25,000 street-walking prostitutes. In Paris the corresponding figures were 7,000 and 40,000. With the passage of anti-prostitution laws, organized and regular prostitution may be driven underground. Experience has shown that other reservoirs of infection are then discovered. This became clear after the concurrent enforcement of

state and local laws and the passage of the May Act in the U. S. A. in 1941. In the United States the main source of venereal infection during the War was found to be the casually or habitually promiscuous woman, the semi-commercialized and delinquent girl, the enthusiastic amateur and the pick-up girl who accounted for 95 per cent of venereal disease transmissions. Only 5 per cent originated from professional prostitutes. Similar experiences were noted in Australia and other countries.

From an epidemiological point of view, however, the problem has remained the same, although the reservoir of infection shifted to another group of the female population. On the other hand, the regular prostitute remained the important reservoir of infection in many other parts of the world. This was amply demonstrated by the experience of the Allied armies in various theatres of war in the last few years.

“CHINA: 20 to 25 per cent of the coolie class must be considered infected with venereal disease. Prostitutes are considered 100 per cent infected. Professional prostitutes were the only source of VD infection among troops.

“ITALY: In no area previously occupied by American troops had there been such a complete collapse of civilian functions as in Naples. Women of all classes turned to prostitution as a means of support for their families and children. Old men and children solicited for their mothers, sisters and daughters. Sixty per cent of all women had some form of VD and 95 to 100 per cent of all prostitutes had laboratory or clinical evidence of one or more venereal diseases.

“IRAN AND IRAQ: Prostitution in Iran was widespread and universal, and a serious problem to the Army.

“BRAZIL: Prostitution was accepted by the population in most areas. In 1945 civilian health authorities changed their attitude and tried to follow the Army methods of control. It was the opinion of some of the military officials that considerable progress was made.

“LIBERIA: Promiscuity and prostitution were general. Any unmarried woman may engage in sexual intercourse without social ostracism. VD was almost as important a problem to the Army in Liberia as malaria.”<sup>73</sup>

These are only selected examples of the prostitution problem in relation to venereal disease in various parts of the world. The U. S. Army's international experiences in the War emphasize that venereal infections are truly social diseases of “ignorance, poverty, carelessness and negligence—an associate of crime, social maladjustment, war and other disturbed social conditions.”<sup>44</sup> This concept (Smillie) has been amplified during recent years by a number of investigators, indicating that the principal underlying causes of prostitution and promiscuity are of social and economic nature.

“In venereal disease control it is not enough to repress prostitution and promiscuity through law enforcement. It is not enough to offer medical treatment and cure to infected persons. . . . Conditions that encourage the spread of venereal disease must be attacked at their source. . . . The things that must be considered in attacking promiscuity at its source may sound different . . . things like economic conditions . . . or employment opportunities . . . or housing conditions.”<sup>45</sup>



Measurements of social and economic factors in relation to venereal disease meet with several difficulties, not only because of the political aspects of the problems, but also because of the nature of the indices that can be employed.

The basic importance of the economic factor has been illustrated by Usilton and Ruhland.<sup>46</sup> These investigators found in 1939 in Washington, D. C., that the venereal disease rate for individuals with annual incomes under \$1,000 was 34.6 per 1,000 population, compared to 6.4 for those in the 1,000–3,000 dollar range and 4.7 for those earning more than 3,000 dollars a year. An excess of syphilis was shown in the lowest income group for both white and Negro races. Jason,<sup>47</sup> Leman<sup>48</sup> and others, have also shown that Negroes in the higher income scale, just as white persons, have much lower syphilis (and other) morbidity rates, than do those with low incomes.

Similar views are held in the U. S. S. R., where the opinion is voiced that the most important factors in reducing venereal disease rates since the revolution have been those of economics and employment.<sup>40, 49, 51</sup> Another important factor in the U. S. S. R. has been the universal availability of treatment and the development of the so-called prophylactoria for prostitutes.<sup>49, 50</sup> The latter are a combination of venereal disease hospital and vocational rehabilitation institution where prostitutes are admitted, treated and educated. They may stay in the prophylactoria for two years, during which time they are taught a trade and receive pay. The effect of this broad venereal disease control program has been a dramatic fall in venereal disease rates (*Appendix 1*) and a significant reduction in the number of prostitutes.

That poverty and hunger can foster prostitution and venereal diseases in populations under special circumstances of emergency is evident. Interesting material on the importance of "social degradation" in venereal disease epidemiology is available from the U. S. Zone of Occupation in Germany.<sup>74</sup> This material, illustrated in *Figure 1*, suggests a correlation between a deteriorating economy and a rising venereal disease rate in a given population group.\*

\* As will be noted in *Figure 1*, the venereal disease rates among German civilians and the U. S. occupation troops in the U. S. Occupation Zone of Germany rose sharply during the first half of 1946. Civilian German rates by Jan. 1946 were only 41 per cent greater than the Sept. 1945 level, having risen slowly during the interval. Following this, the rise was considerably accelerated, showing a 90 per cent increase by March and a 148.7 per cent increase by July 1946.

The rates for U. S. troops remained fairly stationary until April 1946, ranging between 26 per cent and 37 per cent higher during the first three months of 1946 than the September 1945 level. By May, however, the increase was 43 per cent, June 48 per cent and July 63 per cent.

Over a similar period, the annual pulmonary and laryngeal tuberculosis rate per 10,000 reported in the U. S. Zone of Germany showed little change.

German civilian weights in the same area and period are also shown in *Figure 1*. Starting in October 1945, there was little variation from a base average in September 1945 for the population as a whole, until February 1946, when there was a noticeable decline. This population weight loss was progressive through July 1946. The approximate per cent variation from the September 1945 base for females aged 20–39 and for the population as a whole follows: (See p. 59).



The favorable effect in nations as a whole of a slow development of high economic and social standards and social security in general, has been suggested in the New York City Commission's report<sup>52</sup> in 1935, and the British Ministry of Health's report<sup>53</sup> in 1938, on the Scandinavian countries. These Commissions studied venereal diseases in this part of the world because of the reported favorable results of VD control during the interval between the two World Wars. In the opinion of the Commissions, the venereal disease reporting was quite complete in these countries. The incidence of syphilis fell in the capital cities of Denmark, Norway and Sweden from 30 to 60 per 10,000 inhabitants in 1915-19 to 3 to 6 in 1930-34. The incidence of syphilis remained at this level until the outbreak of World War II (*Figure 2*). Considerable importance was attached to the gradual development in the same period of a high general level of economic and social standards throughout the population, a highly developed social security system, and an effective general medical care program which covered the venereal diseases on a non-discriminatory basis. Also, the education level was considered high and illiteracy was non-existent.

Well balanced socio-economic conditions, on the other hand, can easily be disturbed. This is illustrated by the experience of these countries during the second World War. Both in Denmark and Norway socio-economic and population stability were radically disturbed during the War. The German Occupation resulted in a five to eight time increase in syphilis in both of these countries, showing a maximum in 1943 (*Figure 2*). In neutral Sweden, some of the disturbing factors were also present, but to a much smaller degree. A 2 to 3 time increase in syphilis occurred as compared to the pre-war level. While the increase in Denmark and Norway came rapidly, a slow increase was obvious in Sweden. In *Figure 2*, data from Finland have also been included.

Literacy and general education for the public are implied in the attainment of higher social and economic standards. Specific education on venereal diseases, as well as sex education and moral building in general, have been controversial issues in many countries in recent years. The concern of the Church for some aspects of this

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PER CENT VARIATION FROM BASE OF SEPT. 1945 AVERAGE WEIGHT

		<i>Females</i> 20-29	<i>Total Popula-</i> <i>tion Over 20</i>
1945	November . . . . .	+2.3	+0.7
1946	January . . . . .	+1.0	-0.3
	March . . . . .	+0.7	-1.3
	May . . . . .	-2.4	-2.9
	July . . . . .	-5.2	-4.8

It is of interest that during the autumn of 1945 the official food ration for adult German civilians was 1,550 calories per day. Most of the population was able to supplement this however, so that they were getting an average of about 2,000 calories per day. By January 1946, their supplies of potatoes and other stored foods were exhausted and they fell back to their basic ration of 1,550 calories. In April this ration dropped to 1,275 calories per day.

It should be noted that the U. S. troops in this area up to approximately April

issue, and the position taken by many religious groups are well known and will not be discussed here. Neither do we propose to enter into an extensive discussion of the recognized importance in venereal disease prevention and control of a generally well-informed public. This has been repeatedly demonstrated by the relatively low incidence

1946, were seasoned men awaiting their replacements. New troops began to arrive in large numbers during April 1946.

It is interesting to observe the relations between the rising VD rates, the falling weights and the stable tuberculosis rates in this environment and period.

#### COMPARISON OF VARIATION IN VD AND GERMAN CIVILIAN WEIGHTS

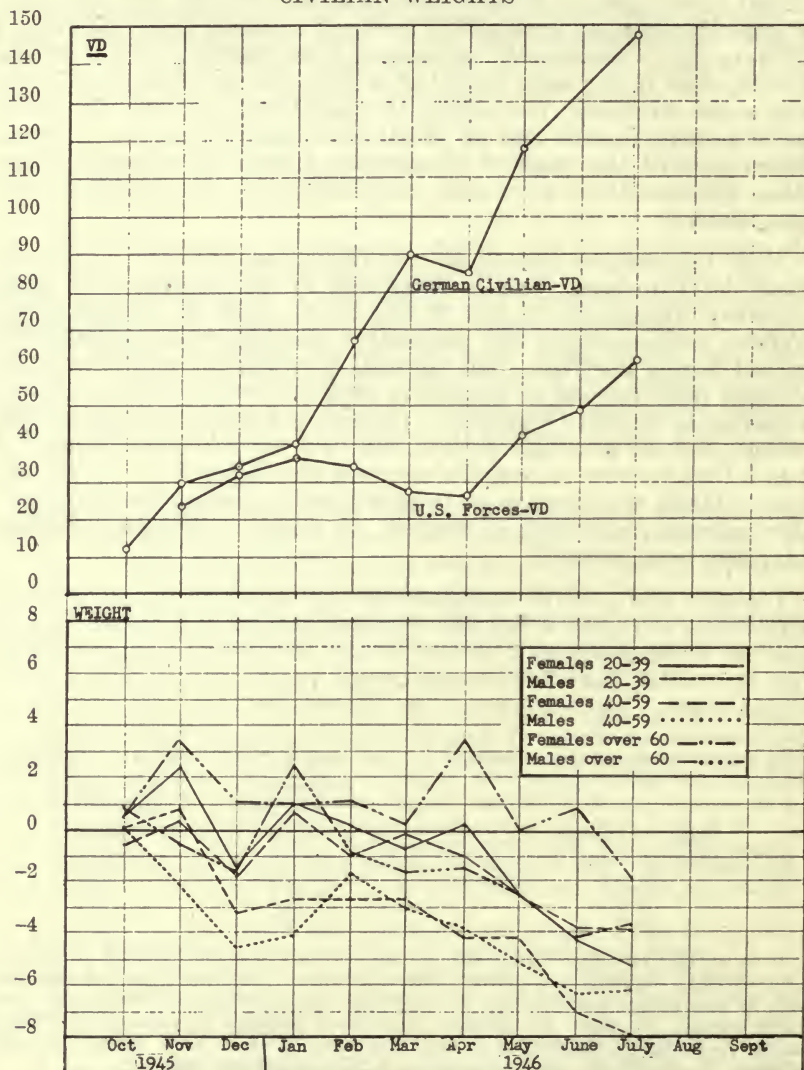


FIGURE I

ACQUIRED SYPHILIS REPORTED IN THE SCANDINAVIAN COUNTRIES  
(AND CAPITALS) BY FIVE YEAR PERIODS 1915-1944

Annual rates per 10,000

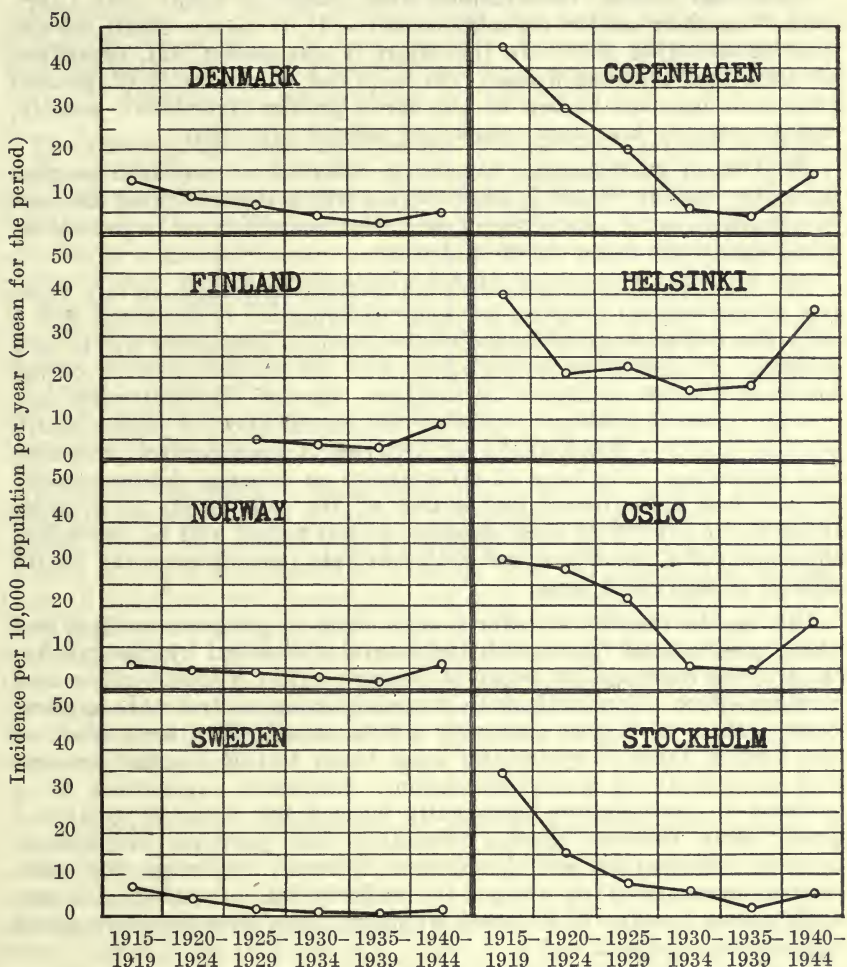


FIGURE II

rates of venereal diseases in social groups where education is available in contrast to the higher rates in the lower classes, where educational facilities are limited. Reference is made, however, to Smillie's<sup>54</sup> interpretation of the U. S. Selective Service findings in young males during the second World War. The close association between syphilis prevalence and deficient education was clearly brought out here, both ranking high among causes of rejection. Among the 18-19 year old white registrants the prevalence rate of syphilis was 0.2 per hundred examined. Among Negroes in the same age group the rate was 11.2 per cent. Educational deficiency and syphilis were the two leading



causes of rejection of Negroes while neither is listed among the first ten causes of rejection of white registrants.

Somewhat similar observations were made by Leiby and Larimore<sup>55</sup> in their studies on soldiers in the U. S. Army Third Service Command during 1944. In this study it was shown that, regardless of race, less venereal disease was acquired as the level of general education becomes higher in the three groups considered, namely, eighth grade or less, high school and college education.

Studies on promiscuous, venereally infected women such as that made by Rachlin<sup>56</sup> and Koch<sup>57</sup> have further demonstrated the role of education, family background, and other social factors in promoting promiscuity and hence venereal disease.

The importance of a well-educated medical profession in any venereal disease control program is widely recognized. It is obvious that a well-educated and equitably distributed medical profession will be in a position to contend more efficiently with the medical aspects of the venereal disease problem. In addition, doctors, by leadership and example, should influence favorably the organization of public health services and the development of venereal disease control programs and legislation. The level of information on venereal diseases in the public, and the attitude and action of the population as a whole towards the control of these diseases should reflect and be dependent upon informed, interested and active private practitioners and health officers in any given area.

During the recent war, efforts were made to integrate medical and allied professional forces with the mental and social hygiene professions in the fight against venereal diseases, under a total civilian and military effort. New methods in venereal disease control were applied. Never before in history has such a determined effort been made in case-finding through systematic mass blood testing, contact tracing and community or group education. Extensive experiences by a number of investigators apparently proved the value of combined prophylaxis, venereal disease education and, perhaps, propaganda against extra-marital sexual activity. However important the value of these measures, they are not the major points of attack, although a significant number of venereal infections must have been prevented through these efforts.

A remarkable transformation also has taken place in conceptions and methods of treatment of venereal infections in the last few years. The more conspicuous developments have been:

The simplification and foreshortening of treatment to a matter of hours in gonorrhea with the use of penicillin and to days, or a few weeks, in early syphilis with arseno-bismuth and/or penicillin therapy;

A rapid and profound effect of penicillin alone or combined with other antisyphilitic therapy in neurosyphilis; and

The prevention or cure of fetal infections in pregnant syphilitic women with penicillin regardless of trimester of pregnancy.

These advances represented new weapons of great practical value. Nevertheless, the reported incidence of syphilis and gonorrhea was not reduced. On the contrary, an increase in the incidence of venereal infections was reported throughout the world during and following the recent war. In recent months, however, there appears to have been a levelling off of the VD incidence rates both in the United States of America and western Europe.

The abbreviation and simplification of treatment and the popularization of therapeutic methods may have developed in the public mind a greater indifference to the health hazards of the venereal diseases. On the other hand, it is possible that these same factors may have stimulated a greater desire on the part of the public for good, adequate therapy with a consequently greater number of reported cases. It also seems likely that the issue has been further beclouded by the use of increasingly sensitive serologic tests with a corresponding rise in the frequency of biologic false positive serologic tests for syphilis. At least to some extent, the incorrect diagnosis of non-specific urethritis as gonorrhea (and "penicillin-resistant" gonorrhea) has probably padded the figures insofar as gonorrhea is concerned.

Whatever the relative importance of the several factors, multiple reinfections within short periods of time have been reported more frequently; new problems in the epidemiology, case-finding and other aspects of the genito-infectious diseases have developed; the advantages of foreshortened procedures and new techniques were offset by factors inherent in the epidemiology of venereal diseases in war times and apparently by the new problems resulting from abbreviated therapeutic methods. The combined efforts of medical and allied forces could not compensate for the disturbance in the parasite-host relationship (in favor of the parasite) caused by a changing total environment.

#### IV. INTERNATIONAL CONTRIBUTIONS TO VENEREAL DISEASE CONTROL

When we turn from these issues to the specific international medical approaches to the venereal disease problem we find that abortive attempts had already been made at quarantining venereal patients in certain ports in the 16th century. Since that time a number of nations have developed laws and regulations pertaining to the control of importation of venereal diseases via the maritime route. International cooperation in the venereal disease field, however, was not accelerated until the 19th century, when development of transportation and communications, industry and commerce created an unprecedented network of international relationships in general.<sup>58</sup>

Since the first International Conference on venereal diseases in Brussels in 1847, numerous meetings relating to VD and hygiene have been held in various capitals of the world. Most of these conferences were held in Europe. In later years a few were held in the United States. Some of the more important international activities in the field were the International Congresses and Conferences by professional groups on the "Prophylaxis of Syphilis and Venereal Diseases,"



meetings of societies of urologists or of hygiene. The International Agreement of Brussels, 1924, and the activities of some governmental and non-governmental international organizations have been summarized in *Appendix 3*.

These international activities served important purposes largely falling within the following three groups:

1. *Exchange of professional information.* Stimulation of professional thought and research at intervals through meetings of venereologists and allied groups. Exchange of professional ideas on the clinical, administrative and scientific aspects of venereal disease control.

2. *Collection and dissemination of information pertaining to the clinical, administrative and scientific aspects of VD through the League of Nations' Expert Committee on Syphilis and Related Subjects.* Coordination of certain research activities in serology as well as specialized advice from the pooled experiences of many countries on the syphilis problem. Standardization of antisyphilitic drugs on a universal, international basis. The latter important standardization was approved for penicillin in 1944 in London.<sup>59</sup>

3. *The Control of the Spread of Venereal Diseases via Communication Routes.* Under this heading comes the work of the International Union against Venereal Diseases, the League of Red Cross Societies, the International Labour Organization, etc. These organizations were responsible for certain measures adopted by various countries for maritime personnel (prophylactic kits, international "carnet" for syphilis treatments, et cetera) and also for certain welfare programs for this professional group.

The most specific antivenereal international document is the *Brussels Agreement of 1924*. The Health Section of the League of Nations was instrumental in the passage of this document and it was subsequently adhered to by 57 countries. It calls for the establishment and maintenance of services for free treatment of the venereal diseases for seamen and watermen in the principal ports of the world. The Agreement was instrumental in bringing into the open the fact that this professional group is particularly exposed to the hazards of venereal diseases in the various ports of the world and that they represent a fluid population of considerable epidemiological importance. The United States was not a signatory to the pact and the principle of providing free treatment for foreign seamen had not been accepted by U. S. federal authorities. With the Federal Venereal Disease Control Act of 1938, however, the organization of venereal disease clinics throughout the country permitted foreign seamen to obtain treatment without payment. By agreement, all such clinics have been included in the International Treatment Centre list for venereal diseases under the Brussels Agreement.

The *Inter-American Cooperative Health Plan*<sup>60</sup> is a recent example of a planned approach to regional health problems in neighboring



countries. A coordinated venereal disease control effort was part of this health work in 21 American nations. The cooperative U. S.-Mexican border program of the United States Public Health Service and the Pan American Sanitary Bureau is well known in this connection.

Regarding *UNRRA's* contribution to the venereal disease control program in the countries where this organization has been operating, little has been published up to the present time. Specially trained venereal disease control officers were included in some teams sent to various countries. In Poland the efforts of UNRRA in this connection are considered to have been of considerable importance in the venereal disease control program of that country. UNRRA contributed further during the war with valuable epidemiological information on venereal diseases in various parts of the world.

The *Interim Commission of the World Health Organization* (WHO), is at present laying the groundwork for future undertakings and cooperation between nations in the field of health. The World Health Organization is one of nine specialized or collateral agencies of the United Nations. (*Appendix 4.*) Under the Charter of this organization for world health, activities in the venereal disease field are visualized. Specifically, the Interim Commission of the WHO, at its second session in Geneva in 1946, agreed that "Programs in international combating of venereal diseases" should be put on the agenda of the first World Health Assembly. This decision proved that the governments of many nations are concerned about the venereal disease problem and that international action is justified and required.\*

The record of the international efforts on venereal disease control as a whole is thus not impressive. Some phases of the undertakings are certainly important, such as the Brussels Agreement, the standardization of antisyphilitic drugs, etc. Much more can and should be done.

## V. DISCUSSION AND RECOMMENDATIONS

### A. *General Statement.*

In the preceding sections it has been pointed out that venereal disease problems are inherently associated with basic social problems. The social problems are always accentuated during and following wars when national and international, economic and social stability is affected. The acute venereal disease situation seen in many countries today calls for immediate attention from the national health authorities concerned and, in occupied areas, from allied military

\* At its Fourth Session in September 1947 the Interim Commission of the WHO decided to establish an International Committee of Experts on Venereal Diseases to propose practical plans for international combating of venereal diseases to the First World Health Assembly, which, it is anticipated will, be held in the first half of 1948. The Expert Committee held its first meeting in Geneva, January 12-16, 1948. Its members are: Chairman, Dr. John F. Mahoney, United States of America; Dr. G. L. M. McElligott, Great Britain; Dr. Waldemar Coutts, Chile; and Dr. Marian Grzybowski, Poland.

forces. The achievement of economic and social stability in these countries is necessarily a long term proposition. Such rehabilitation is clearly the responsibility of the appropriate national and international machineries, the United Nations and the allied occupation forces.

During the period of readjustment, the important factor of fluid and migratory population groups remains constantly present. It is probable that following this postwar period, the problem will automatically resolve itself to a lesser extent than in the past, as a result of recent advances in communication and transport. Certainly, until such time as relatively stable conditions exist throughout the world, the venereal disease problem should be met by the vigorous utilization, to the utmost of the capabilities of each nation, of all known medical and public health methods of venereal disease control.

The *long-range approach to venereal disease control*, nationally and internationally, should come through systematic planning and coordinated efforts in the fields of sociology and economics, as well as in medicine and the allied sciences, if appreciable reduction in the incidence of new venereal infections is to be made through control programs. Only thus will it be possible to take the fullest advantage of advances in medicine and public health.

T. B. Turner <sup>61</sup> has emphasized that through education and leadership the people must be made to understand the need for, and to assume a measure of personal responsibility for the maintenance of health and the avoidance of preventable disease, such as the venereal diseases. To some extent this assumption of responsibility on the part of individuals has been seen as regards smallpox and diphtheria. It would seem that by properly directed educational efforts the same could be done, at least to some extent, in the venereal diseases. It is believed that the previously mentioned experience in Germany after World War II shows that, in the final analysis, the acquisition of venereal disease is in many instances a matter of personal behavior in the face of certain stresses and strains.

Raymond B. Fosdick, of the Rockefeller Foundation, said in 1944, that the world needs *international rallying points of unity*, centers around which men of different cultures and faiths can combine in common efforts to improve and promote the wellbeing of the human race. It is his belief that public health is such a rallying point. During the war years, there were extensive contact and active cooperation between members of the medical and public health professions of the allied nations. Thus, a groundwork for future international relationships in the field of health was laid. It became clear that the health of one nation was the concern of all others and that our health defenses could be only partially effective until they were built on a firm international framework. The readiness of nations to accept this point of view was historically expressed in the signing of the Magna Charta for World Health and the establishment of the World Health Organization in New York in July of 1946, by representatives of 61 nations.<sup>63, 64, 65</sup>



We have already delineated the broader approach to the problem as we see it on the basis of a long range program. Since the integration of the forces of medicine, public health and the social sciences is necessary in such planning of venereal disease control programs, *the approach taken by the World Health Organization should be closely coordinated with the programs of other appropriate agencies of the United Nations.* The United Nation's Educational, Scientific and Cultural Organization (UNESCO), the Commission on the Status of Women, and the Social Commission offer important instruments for future advancement. It would seem appropriate that the World Health Organization be represented on these and similar commissions in recognition of the modern concept of disease in relation to total environment. There should also be close working relations with the Division of Social Activities and the Division of Public Health Activities of the UN Department of Social Affairs.

B. *Specific plans for a uniform world-wide approach* to the venereal disease question should be drawn up by a special international commission on venereal diseases and cognate subjects, with representation from the WHO and other international governmental, as well as non-governmental, agencies interested in venereal disease control.

We have attempted to bring together these various groups into such a commission in an organizational chart illustrated in *Appendix 5*. The commission would serve as advisor to the WHO, its Director-General, the Secretariat, the Division of Venereal Diseases, and other appropriate divisions of the WHO. It would be essential that this commission be active and work closely with strategically located regional offices of the World Health Organization. It is assumed that such offices will be established covering various regions of the world. A limited effort in this respect was made by the Health Organization of the League of Nations, with a Far Eastern Bureau in Singapore and the Bureau in Alexandria, Egypt. Regionalization of international health work and coordination with the work of the Pan American Sanitary Bureau must also be visualized in the future.

It is clear that the broad social approach to the venereal disease problem is a long-term proposition, a goal towards which individual nations must work in their own general programs for the betterment of life and living of their populations. On the other hand, there are specific issues relating to programs in international combating of venereal diseases which lend themselves to more immediate consideration. There are also features which might eventually be included in the activities of the WHO and the International Committee of Experts, or some such nuclear preparatory body which might be created before the WHO comes into being.

It is important that the most significant objectives be given priority for action. The WHO might find it advantageous not to divide its efforts initially on the great number of issues which undoubtedly will come to its attention eventually.

Heller and Vonderlehr<sup>62</sup> think that *an international agreement*



*for the global control of preventable diseases should contain the following minimum services for the control of venereal disease:*

1. An international section in all national health departments.
2. A universal system of approved laboratory services.
3. World-wide organization of a system of clinics and hospitals.
4. Global headquarters for the exchange of information.
5. Educational and promotional services, et cetera.

In our opinion this represents the basic minimum for any international, technical, venereal disease program. Consideration might also be given to measures increasing the world-wide availability of those drugs which are recognized to be effective in the control of venereal diseases. Penicillin is finding increasing markets at a slower rate than is desirable, on the grounds of the relatively high cost resulting from current complicated biological production methods. Sulfonamides are finding increasingly larger markets at a much lower cost than previously, the result of which, from the point of view of creation of bacterial resistance, is not entirely good. This limitation apparently does not apply in penicillin therapy, since no resistant strains of the causative organisms have been observed *in vivo* up to the present time. Neither are arsenical or bismuth preparations available on a world-wide scale and similar considerations apply to other drugs used in the treatment of the venereal diseases.

The organization of services for tracing contacts of venereal infections and bringing discovered cases under treatment would also seem to be of considerable importance for successful epidemiological work. We have pointed out elsewhere that such contact tracing activities should not be limited by national boundaries; the present limited international case-finding machinery (Latin American countries—U. S. A. and military efforts) should be expanded and systematized.

We have indicated elsewhere the necessity for further systematic international work in standardization of sero-diagnostic procedures. An effort should also be made to define more clearly, by international cooperation, present day optimum treatment schedules for syphilis, gonorrhea and other venereal infections, both from the point of view of the ultimate outcome of disease, and the immediate public health advantages of penicillin treatment (alone or combined with other therapy).

Furthermore, the spread of venereal diseases along routes of communication from one country to another, should be closely studied in order to prescribe improved methods for the control of transmission of infection by maritime populations. A revision and improvement of the Brussels Agreement of 1924 for the treatment of seamen with venereal disease would seem to be indicated.

*C. Features which might eventually be considered as suitable international venereal disease activities.*

### 1. *Incidence and Prevalence of Venereal Diseases.*

As has been previously shown, available data on the incidence and prevalence of the venereal diseases in various countries give comparable information to a very limited extent. One of the main needs, therefore, is the establishment of uniform reporting procedures and nomenclature throughout the world. Reports should be available currently and analysis of the reports should also proceed on a reasonably current basis in order to provide useful information to the nations of the world. There should be a headquarters for the exchange of information in an international program of contact tracing.

### 2. *Information Concerning Venereal Disease Control Programs.*

In addition to the above there should be information available as to venereal disease control measures applied by individual nations, with some estimation of the relative weight given to the various measures and of their relative efficacy.

General background information regarding social, economic, religious and similar factors, making it possible to determine the relative efficacy of different measures under varying conditions, is assumed to be available through other United Nations agencies, emphasizing again the desirability of close cooperation with such agencies.

### 3. *Setting of Standards.*

Standards should be recommended in several fields and should include the following:

(a) *Administrative.* Certain administrative standards are essential to the success of any control program, such as:

- (1) Uniform reporting procedures
- (2) Standard nomenclature
- (3) Minimum personnel standards
- (4) Minimum standards for facilities and equipment (including clinics and laboratories)
- (5) Possible free diagnosis and treatment and the distribution of free drugs.

(b) *Scientific.*

(1) Standardization of drugs as to composition, potency, recommended dosage and treatment schedules; e.g., penicillin could now be recommended as the treatment of choice in pregnant women with syphilis and in acute gonorrhea.

(2) Standard procedures in diagnosis, including laboratory techniques.

### 4. *Evaluation of Procedures and Agreements.*

While it is admittedly difficult to evaluate a venereal disease control program accurately, and often well nigh impossible to appraise its component parts, it is, nevertheless, only through constant attempts at the evaluation and re-evaluation of procedures and the application of knowledge thus acquired that progress can be made.



(a) *Methods of evaluating control programs.* This is certainly among the most important needs of the day. Certain results of treatment programs are reflected eventually in lowered syphilis mortality rates and fewer admissions to mental hospitals for neurosyphilis. However, sensitive, accurate, and practical measures of trends, incidence and prevalence are still lacking. The development of such methods is imperative.

(b) *Evaluation of previous international conventions or agreements.* These should certainly be among the first evaluations to be attempted. An example would be the Brussels Agreement. An attempt should be made to determine to what extent this Agreement has proved useful. On the basis of such a study, consideration should be given to the possible revision and expansion of the Agreement to include other fluid population groups in addition to seamen. Things to be considered here would be passport health stamps, seamen's health books, et cetera.<sup>66</sup>

(c) *Evaluation of techniques currently in use.* With improved and standardized reporting, a knowledge of control measures employed and information as to the general situations in the various countries, considerable data should be available as to the value of the several control techniques under different conditions. In addition, there are many procedures now in use, the value of which has never been very well established. Samples of such problems would be:

(1) What are desirable legal measures, e.g., premarital and prenatal blood test laws; laws requiring treatment; laws requiring submission to examination; anti-vice laws; et cetera? How would the requirements vary under different social and economic conditions, for example?

(2) What should be included in morbidity reports? Is reporting by name essential or even desirable?

(3) What are the relative costs and efficacy of various case finding procedures, such as mass blood testing, serologic surveys of special occupational and other groups, contact investigation, et cetera?

(4) What are the relative merits of various educational approaches to this problem such as adult and school programs, general education, education in citizenship and social responsibility, education in sex hygiene, specific venereal disease information, as well as such associated techniques employed as intensive publicity campaigns, posters, lectures, pamphlets, et cetera?

(5) What is the status of prophylaxis in a venereal disease control campaign for civilian groups and what are the best procedures?

(6) What types of treatment programs should be directed against late syphilis and asymptomatic neurosyphilis in VD control?

(7) Are serologic surveys in industrial programs worth the effort involved?



(8) What place should rapid treatment center programs hold? Should clinics become purely diagnostic centers insofar as syphilis is concerned? Should the outpatient penicillin therapy of syphilis replace rapid treatment center programs?

The above are merely examples of a multitude of control measures now generally in use in some parts of the world, but at present not well evaluated.

(d) *Investigation of new VD control procedures.* With the development of new knowledge, new possibilities arise as control measures. Nations should be encouraged in the investigation of these measures, and as their value is proved, their general adoption should be urged. Examples of such programs now needing evaluation are:

(1) The use of abortive penicillin therapy in known contacts of infectious syphilis (at least on a voluntary basis). Should such a procedure be urged for general adoption at present?

(2) The efficacy and desirability of oral penicillin prophylaxis in syphilis and gonorrhea, since it seems quite possible that this may be an entirely feasible procedure.

#### 5. *Evaluation of Venereal Disease and Related Problems.*

The evaluation of the venereal disease problem *per se* has already been mentioned. Efforts should be made, however, to stimulate other groups to investigate such related problems as organized prostitution, promiscuity, social welfare, social security, education, moral influences, housing conditions, family background and other socio-economic factors with, among other things, an eye to their influence upon the spread of venereal infections. Such problems may not primarily be the responsibility of health organizations but, since they are influential and basic factors, such organizations must interest themselves in these problems and have representation on committees undertaking such investigations.

#### 6. *Promotion of scientific research.*

Many fundamental gaps exist in our knowledge of venereal diseases. Coordination of investigative work in various countries and stimulation of research in the venereal disease field through fellowships or other awards would be of the greatest significance. Some of the subjects requiring investigation, which are of basic importance, follow:

##### (a) *Syphilis.*

Cultivation of *Treponema pallidum*; development of knowledge concerning the immunity of syphilis, especially the development of an immunizing agent; development of better antisypilitic drugs (non-toxic, invariably curative and convenient); better methods of assaying drugs; finding of better laboratory animals for investigative work; more knowledge concerning serologic tests as regards their significance, mechanism, possible standardization and technique; better methods of prophylaxis.

(b) *Gonorrhea*.

Definition of growth factors with an eye to the development of simpler culture techniques, good transportation media, cultivation of known virulent strains, et cetera; the phenomenon of drug resistance and understanding of immunity phenomena as well as development of a possible immunizing agent; definition of use and meaning of complement fixation tests; use of gonococcal filtrate, et cetera; better methods of prophylaxis; still better drugs; more certain and sensitive diagnostic procedures; better laboratory animals.

(c) *Chancroid*.

More certain diagnostic methods; better bacteriological isolation techniques; knowledge as to immunity, treatment and prophylaxis; laboratory animals; et cetera.

(d) *Lymphogranuloma venereum*.

Further investigations of the causative agent; better diagnostic methods; basic research into the total pathology of the disease; better drugs for its treatment; knowledge of immunity and prophylaxis; et cetera.

(e) *Granuloma inguinale*.

Investigation into the nature of the causative agent and the mode of transmission of the disease; research into the immunity of the disease; laboratory animals; better diagnostic methods; better treatment methods; prophylactic measures; et cetera.

7. *Dissemination of Information*.

(a) *Professional*.

(1) Information should be provided to nations relative to the incidence and prevalence of the venereal diseases throughout the world as it becomes available. This should include both morbidity and mortality data.

(2) The dissemination of information regarding surveys and evaluation studies in this and related fields.

(3) Distribution of information concerning the results of recent research, both administrative and scientific, in the venereal disease field.

(4) A desirable feature would be a good, *critical*, abstract service, possibly a journal, covering the current literature of the world on the venereal diseases and their control.

(5) Reports on the activities of the international organization and progress made in control programs. Possibly an annual evaluation of the international program and important work in national programs sponsored by the organization, as well as other national programs of general interest should be published.

(b) *General or Public Information*.

Dissemination of information for general consumption regarding the venereal diseases, the venereal disease problem and venereal disease control programs. Action against quacks and drugstore practice.



### 8. *Convocation of International Conferences on VD Control.*

It is essential from time to time to call meetings on an international basis to stimulate interest and cooperation in the programs, as well as to allow for the interchange of ideas and information between the experts of the various nations. Without such meetings it is very likely that interest in the programs would lag.

### D. *Training of Personnel.*

Apart from the broad social problems that enter into the venereal disease control field under the term of "social prophylaxis," e.g., general social and economic progress, education, suppression of prostitution and limitation of promiscuity, et cetera, the program of the WHO might consider some of the features brought out in this discussion. Many of these features are dependent upon the availability of educational facilities, appropriately trained venereal disease control officers and individuals qualified to perform research in the venereal disease field. In the promotion of a unified international approach to this and other health problems, the creation of an international school of hygiene and public health might well prove to be of inestimable value. Such a school should have a research section devoted to venereal disease study. An alternative would be further development of existing important centers for post-graduate venereal disease training and laboratory research.

### E. *Staffing and Budgeting of the VD Section.*

No information is at hand concerning the funds which could possibly be made available for a VD Section in the World Health Organization. It is believed that this might be known by the time the Committee of Experts is ready to make recommendations. Obviously, the scope of any program would be limited by the funds available and, as previously stated, selection of prime objectives would be of importance.

## VI. CONCLUSION

The views outlined regarding general plans for international cooperative efforts in the control of venereal diseases must necessarily be sketchy. It is obvious that the exploration of the approaches outlined would require several years, as would the establishment of any international machinery to promote similar suggestions. The WHO should encourage nations, member and non-member, to make control efforts on as broad a basis as possible and with as high standards as lie within the means of the individual nation until the Expert Committee has delineated the problems involved and the course to be followed. It is important, however, that the WHO should study fully the situation as soon as possible and decide as to its most urgent objectives. In our opinion these are:

1. World-wide availability of drugs for the treatment of venereal disease.
2. More extensive availability of treatment facilities.
3. More extensive information for the profession and the public on modern methods of VD treatment and control.



4. Establishment where practicable of an international machinery for contact tracing and bringing such cases under treatment.

5. Further standardization of serodiagnostic procedures in syphilis (international serological conference).

6. Efforts toward standardization of antigonococcal and anti-syphilitic treatment (international VD therapeutic conference).

7. Revision and expansion of the Brussels Agreement of 1924 for treatment of venereal disease in seamen.

It was indicated at the beginning of this presentation that venereal disease is only one health problem among many existing ones which lends itself to international cooperation. It was also indicated that the problem of venereal diseases must be viewed in relation to the importance of other more fatal and incapacitating diseases. Health problems, in general, constituted one of the most successful enterprises on the international level before the second World War.<sup>63-70</sup> The importance of international cooperation in the health field as a weapon to forge the peace for which we have so recently been fighting should not be underrated.<sup>64</sup> The venereal disease problem should be placed high on the list for attack by coordinated international scientific and practical planning and the expanded opportunities for international cooperation in the field of public health during and following this war have been pointed out repeatedly.<sup>63, 66, 70-72</sup>

## APPENDIX 1

## DATA ON INCIDENCE OF SYPHILIS BY CONTINENTS

<i>Country, Colony, Protectorate or Area</i>	<i>Population Estimates or Census (in thousands)</i>	<i>Data on Syphilis All Forms When Unspecified</i>	<i>Remarks</i>
<b>AFRICA</b>			
<b>British West Africa</b>			
Nigeria <sup>2</sup> . . . . .	20,641	1939: 22,100 1940: 20,339 1941: 18,559 1942: 24,709	Reported cases for the years 1939-1942.
Sierra Leone <sup>3</sup> . . . . .	1,768 (1946)	1941: 940 1943: 511 1946: 326	Reported cases for the years 1941-1946.
<b>British East Africa</b>			
Kenya <sup>4</sup> . . . . .	4,053 (1946)	1946: 16,526	Cases treated during year.
Uganda <sup>5</sup> . . . . .	3,997 (1946)	1940: 20,138 1941: 18,951 1942: 19,962 1943: 23,599 1944: 39,444	Cases treated during year.
Tanganyika <sup>6</sup> . . . . .	5,270	1939: 10,842 1941: 36,487 1942: 38,062	Cases treated in hos- pitals and medical institutions.
Zanzibar <sup>7</sup> . . . . .	250 (1946)	1940: 766 1941: 924 1943: 483 1944: 667 1945: 517	Reported cases for the years 1940-1945.
Anglo-Egyptian Sudan <sup>8</sup> .	6,342	1942: 81,407	Outpatients and hos- pital cases.
<b>British South Africa</b>			
Basutoland <sup>4</sup> . . . . .	562 (1946)	1946: 8.2 per cent of pop. syphilitic	Prevalence estimate.
Bechuanaland <sup>4</sup> . . . . .	265 (1946)	1946: 7,229	Cases reported.
<b>French West Africa <sup>9, 10</sup> .</b>	15,700 (1944)	1939: 226,980 1940: 239,327 1941: 276,643 1942: 279,350 1943: 273,779 1944: 294,831 1945: 296,315	Cases under treatment.
<b>Cameroons <sup>9, 10</sup> . . . . .</b>	2,800 (1945)	1940: 34,179 1941: 31,734 1942: 31,387 1943: 34,755 1944: 36,512 1945: 46,637	Cases under treatment.

<i>Country, Colony, Protectorate or Area</i>	<i>Population Estimates or Census (in thousands)</i>	<i>Data on Syphilis All Forms When Unspecified</i>	<i>Remarks</i>
<b>Madagascar</b> <sup>9, 10</sup> . . . . .	4,227 (1943)	1940: 214,801 1941: 217,924 1942: 209,710 1943: 213,450 1944: 231,137	Cases under treatment.
<b>French Somaliland</b> <sup>9, 10</sup> . . .	46 (1936)	1940: 63 1941: 13 1942: 48 1943: 294 1944: 1,420 1945: 1,123	Cases under treatment.
<b>French Equatorial Africa</b> <sup>9, 10</sup> . . . . .	3,400 (1943)	1935: 53,278 1940: 59,571 1943: 49,387 1945: 64,262	Cases under treatment.
<b>Portuguese East Africa Mozambique</b> <sup>9, 10</sup> . . . . .	4,995 (1943)	1939: 1,003 1940: 1,457 1941: 1,867 1942: 1,995	Cases reported.
<b>Belgian Congo</b> <sup>11</sup> . . . . .	10,367 (1946)	1940: 73,410 1942: 74,439 1944: 65,655	Cases reported in gov- ernment hospitals, missions and by phy- sicians.
<b>Eritrea</b> <sup>12</sup> . . . . .	600 (1939)	1936: 612 1942: 1,004 (6 months)	Cases reported.
<b>Ethiopia</b> <sup>12</sup> . . . . .	12,100 (1939)	1937: Addis Ababa, syphilis and gonor- rhea 55 per cent prevalent in adults, 15 per cent in children. 1944: Prevalence rates from 50.8 per cent to 83.8 per cent in different parts of the country. Estimated prev- alence of gonorrhea in Addis Ababa: 60 per cent.	



## NORTH AND SOUTH AMERICA

United States<sup>13</sup>

Fiscal Year	Estimated Popu- lation in Thousands †	Reported Cases Syphilis *			Rate per 1,000 Population				
		Primary or Secondary	All Early Syphilis (Pri.- Sec.-E.L.)	Con- genital	Late and Late Latent	Primary or Secondary Syphilis	Congenital	Late and Late Latent	
Continental U. S. Civilians									
1941.....	131,897	67,958	176,616	17,592	201,190	0.515	1.339	0.133	1.525
1942.....	131,943	75,704	192,137	16,924	202,216	0.574	1.456	0.128	1.533
1943.....	128,728	82,230	231,139	16,173	252,995	0.639	1.796	0.126	1.965
1944.....	127,028	78,418	200,808	13,576	203,396	0.617	1.581	0.107	1.601
1945.....	127,037	77,007	178,142	12,339	142,731	0.606	1.402	0.097	1.124
1946.....	133,543	94,957	202,293	12,106	125,836	0.711	1.515	0.091	0.942
1947.....	140,018	106,594	214,349	12,284	122,257	0.761	1.531	0.088	0.873
Total Civilian and Armed Forces									
1941.....	132,638	74,764	183,422	17,592	201,190	0.564	1.383	0.133	1.517
1942.....	133,953	89,845	206,278	16,924	202,216	0.671	1.540	0.126	1.510
1943.....	135,646	111,333	260,242	16,173	252,995	0.821	1.919	0.119	1.865
1944.....	137,368	122,166	244,556	13,576	203,396	0.889	1.780	0.099	1.481
1945.....	138,923	132,532	233,667	12,339	142,731	0.954	1.682	0.089	1.027
1946.....	140,387	143,570	250,906	12,106	125,836	1.023	1.787	0.086	0.896
1947.....	142,000	142,000	248,000	12,000	124,000	1.000	1.746	0.055	0.873

Age Group	White	Non-White	Total
21-25 .....	10.1	191.2	30.1
26-30 .....	20.9	293.7	54.4
31-35 .....	37.7	357.2	83.2
Total .....	17.4	252.3	45.3

Race and Age distribution of two million selectees examined in USA for military service during the second World War. Serological tests for syphilis.

Prevalence rate per 1,000 tested.

\* Excluding syphilis reported as stage "unknown."

† As of January 1 (mid-point of fiscal year).

‡ Estimated.

**Canada**<sup>14</sup>

Population (1941): 11,419,000

	1944	1945	
Total VD .....	38,772	40,527	Cases reported by provincial health departments to the Dominion Bureau of Statistics.
Total Syphilis .....	16,475	15,278	
Syphilis Primary .....	....	3,607	
Syphilis Secondary .....	....	2,088	
Syphilis Other .....	....	9,583	
Gonorrhea .....	22,282	25,237	
Other VD .....	15	12	
Ratio Gonorrhea to Syphilis I and II .....	....	4.4	
Ratio Syphilis I and II to Total Syphilis .....	....	0.4	
Ratio Gonorrhea to Total Syphilis .....	1.4	1.7	

**Caribbean Area**<sup>15</sup>

Race	Per Cent	
Negro .....	31.0	Positive STS-findings of the Caribbean Medical Center, organized by the Anglo-American Caribbean Commission 1943-45, in serological survey of 38,895 individuals.
East Indian .....	16.0	
Mixed .....	24.0	
Chinese .....	12.0	
White .....	8.0	
Total .....	26.0	

**Bahamas**<sup>16</sup>

Population (1946): 60,000

	Per Cent	
1939 .....	26.4	Positive Kahn tests in native communities. Totals tested each year varied from 4,760-5,489 natives.
1940 .....	27.0	
1941 .....	20.8	
1942 .....	19.4	
1943 .....	17.4	
1944 .....	19.0	

*Data on Syphilis  
All Forms  
Unless Otherwise Specified*

Country, Colony, Protectorate or Area	Population Estimates or Census (in Thousands)	Year	No. of Deaths	Rate per 100,000	New Cases	Remarks
<b>Latin America</b> <sup>17</sup>						
<b>Argentina</b> ...	Buenos Aires	1940	29*	11.2%†		Capital only.
	Aires	1941	18*	6.9%†		* Number of infant deaths from syphilis.
	capital:	1942	21*	10.0%†		† Percentage of total infant deaths.
	2,470	1943	22*	9.6%†		
	(1943)	1944	24*	8.6%†		
		1945	28*	12.2%†		
<b>Brazil</b> .....	41,357 (1941)					Prevalence survey in pregnant women, various geographical areas showed 3.8 per cent to 14.4 per cent positive STS in 1942. Serological tests for syph. Expeditionary Forces revealed 14.04 per cent positives on 18,540 persons, 1944-45

Data on Syphilis All Forms Unless Otherwise Specified						
Country, Colony, Protectorate or Area	Population Estimates or Census (in Thousands)	Year	No. of Deaths	Rate per 100,000	No. of New Cases	Remarks
Chile .....	5,000 (1940)	1942	984	19.3		
		1943	881	17.0		
		1944	665	12.7		
		1945	628	11.8		
		1946	607	11.2		
Dominican Republic ....	1,616 (1939)	1944			31,211	Based on monthly reports. Figures indicated are stated to be too high due to mul- tiple reporting.
		1945			31,382	
		1946			22,916	
Haiti .....	3,000 (1937)	1940	165	5.5		Reports of hospi- tals and dispen- saries. Incomplete.
		1941	381	12.7		
		1942	193	6.4		
		1943	135	4.5	37,199	
		1944	146		65,391	
		1945	135		30,292	
		1946	145		27,554	
Mexico .....	19,473 (1940)	1942	3,065†	15.1	51,007	* Incomplete monthly reports. † Provisional total.
		1943	3,347†		44,220	
		1944	2,073†		44,324	
		1945	2,311†		40,697	
		1946*	1,995		39,235	
Panama .....	635 (1941)	1943	121	20.1	3,653	Monthly reports.
		1944	117	19.1	3,467	
		1945	97		5,407	
Paraguay ....	1,014 (1940)	1944	224†		4,802†	* Monthly reports. † Data for 25 mu- nicipalities only.
		1945*	188†		6,879†	
		1946*	317		10,184	
Uruguay .....	2,146 (1938)	1942			4,355	* Monthly reports. † Provisional. ‡ Six months re- ports only.
		1943	203†		4,582	
		1944	316†		2,049‡	
		1945			3,728*	
		1946*			3,926*	
Venezuela ...	3,492 (1941)	1942			18,207	* Monthly reports. † Eleven months only.
		1944*			13,406†	
		1945*	374		14,778	
		1946*	450		15,057	
			Occu- pation Examined	Per Cent Positives		
		1943	Workers	51,049	17.7	Serological sur- vey <sup>18</sup> of occupa- tions revealed these prevalence rates in Caracas peninsula.
			Pregnant women	12,291	15.0	
			Prosti- tutes	6,491	58.7	
			Soldiers	5,718	32.5	
			Students	3,508	3.7	



## ASIA

India <sup>19</sup>

<i>Year</i>	<i>Syphilis Cases Treated</i>	<i>Remarks</i>
1929.....	322,513	Admissions to VD hospitals, British India.
1930.....	327,491	
1931.....	338,687	
1932.....	344,204	
1933.....	336,907	
1934.....	334,578	
1935.....	316,925	
1936.....	313,751	
1937.....	361,581	
1938.....	358,340	

	Admission		Remarks
	All Causes	VD	
All India .....	723.3	58.1	VD admissions British Army in India, 1940. Rates per 1,000 troops.
Nowshera .....	918.3	60.4	
Rawalpindi .....	73.8	47.1	
Bombay .....	881.9	105.2	
Jubulpore .....	808.4	83.4	
Moerut .....	783.0	74.1	
Quetta .....	777.3	17.1	
Karachi .....	708.6	36.1	
Lahore .....	697.2	47.5	
Poona .....	677.8	84.6	
Secunderabad ..	670.0	62.1	
Razmak .....	634.3	16.3	
Lucknow .....	631.9	46.7	
Madras .....	616.7	57.0	
Alipore .....	598.5	92.8	

An enquete among practising physicians in British India in 1939 <sup>20</sup> covering 561 typical rural villages revealed prevalence rates as follows:

Syphilis .....	156 per 10,000 population
Gonorrhea .....	215 per 10,000 population

Japan <sup>21</sup>

1938	Syphilis .....	3,609	Discovered cases in periodic examination of 43,000 prostitutes during the year.
	Gonorrhea .....	42,771	
	Chancroid .....	18,492	
1947	Syphilis .....	21.9	Annual rates per 10,000 civilian population (6 months 1947).
	Gonorrhea .....	32.6	
	Chancroid .....	5.7	

China <sup>22</sup>

- 1934-36 Ten per cent of population in Southeastern China estimated to be afflicted with venereal diseases.
- 1936-37 Survey—27 per cent prevalence rate found in hospital populations in Kiangsu, Northeastern China.
- Routine STS in Soochow, Peiping and Shanghai gave 17.3 per cent positives.

Manchuria <sup>23</sup>

1937	Cases		Remarks
	Found	Rate Per Cent	
Syphilis .....	4,281	2.7	Results of serological exami- nation of 157,401 prosti- tutes.
Gonorrhea .....	17,570	9.1	
Chancroid .....	3,387	2.1	
Total .....	25,238	13.9	

**Mongolian Population** <sup>24</sup>

Prevalence of syphilis among the Mongolian population in the "Hsing-an Provinces" (Wassermann reaction):

	Province			Total or Average
	<i>Hsing-an-tung</i>	<i>Hsing-an-nan</i>	<i>Hsing-an-hsi</i>	
Examined persons:				
Male .....	239	79	64	382
Female .....	130	4	..	134
Total .....	369	83	64	516
Positive Wassermann:				
In males .....	78	25	19	122
In females .....	42	1	..	43
Total .....	120	26	19	165
Percentage of positive Wassermanns:				
In males .....	32.6	31.6	29.7	31.9
In females .....	32.2	25.0	....	32.1
Total .....	32.5	31.3	29.7	32.0

**Straits Settlements**

Malayan Union <sup>4</sup> .....		Population: 5,000,000 (1946).
1946		17,600 cases of syphilis reported.
Brunei <sup>4</sup> .....		Population: 48,000 (1946).
1946		5 cases per 1,000 population, incidence for the year.

**AUSTRALIA** <sup>25</sup>

Year	New South Wales	Vic-toria	Queens-land	Western Aus-tralia	Tas-mania	Total	Remarks
1937.....	997	468	187	39	83	1,774	Notifications to the health authorities of new cases of syphilis.
1938.....	942	360	184	33	126	1,645	
1939.....	1,203	348	228	27	69	1,875	
1940.....	1,030	391	260	36	56	1,773	
1941.....	1,094	477	283	20	44	1,918	
1942.....	1,189	646	248	97	41	2,221	
1943.....	889	758	244	45	61	1,997	
1944.....	899	456	225	84	51	1,715	
1945.....	852	379	220	140	35	1,636	
1946.....	1,024	445	297	46	45	1,857	
Population (1941) (in thousands):	2,770	1,887	1,015	465	241	7,137	

**EUROPE****Union of Soviet Socialist Republics\***

*Per 10,000 Inhabitants*

Year	Primary Syphilis	Secondary Syphilis	Late Syphilis	Total
1913.....	25.76	102.34	52.34	180.37
1926.....	11.00	71.99	31.43	120.32
1936.....	2.00	6.68	9.86	18.6

\* Source: *Twenty-five Years (1918-1943) of Soviet Health Work by Ministry of Health of the S.S.R.*, State Publishing House of Medical Literature, 1944. Pp. 158-167.<sup>51</sup>

England and Wales <sup>26</sup>

Year	Number of Cases		Rate per 10,000 Population
	Male	Female	
1931.....	6,421	2,683	2.28
1932.....	6,196	2,532	2.17
1933.....	5,949	2,141	2.01
1934.....	4,888	2,030	1.71
1935.....	4,226	1,745	1.47
1936.....	4,033	1,642	1.40
1937.....	3,986	1,647	1.37
1938.....	3,744	1,494	1.27
1939.....	3,574	1,412	1.21
1940.....	4,029	1,582	1.36
1941.....	5,023	2,309	1.78
1942.....	5,470	3,576	2.19
1943.....	5,159	4,483	2.34
1944.....	4,384	4,934	2.26
1945.....	5,214	5,527	....
1946.....	10,705	6,970	....

Cases of acquired syphilis of less than one year's duration dealt with at treatment centers. Also sex distribution.

Germany <sup>27</sup>

	Men	Women
Syphilis .....	4.3	3.6
Gonorrhea .....	25.1	12.9
Chaneroid .....	0.5	0.1

National Census held in 1940 gave these results per 10,000 population.

Year	Average	
	Female Members	Rates *
1939 .....	145,800	6.4
1940 .....	150,500	6.8
1941 .....	133,200	9.3
1942 .....	147,600	12.3
1943 (1st quarter)	147,900	17.3

Data from Hamburg Krankenkasse.

\* Annual syphilis cases per 10,000 members.

INCIDENCE OF SYPHILIS AND GONORRHEA 1945-47 <sup>28</sup>  
U. S. ZONE—GERMANY

Rates per 10,000 Civilian Population (Annual Basis)

	1945		1946		1947	
	Syphilis	Gonor- rhea	Syphilis	Gonor- rhea	Syphilis	Gonor- rhea
January .....	....	....	12.1	47.2	25.2	45.3
February .....	....	....	16.4	54.7	28.1	46.1
March .....	....	....	21.6	67.3	....	....
April .....	....	....	18.1	60.4	....	....
May .....	....	....	21.1	72.5	....	....
June .....	....	....	24.1	84.8	....	....
July .....	....	....	24.5	84.6	....	....
August .....	....	....	31.2	90.6	....	....
September .....	9.6	39.0	29.2	86.7	....	....
October .....	10.5	40.0	27.3	73.6	....	....
November .....	12.2	46.6	28.2	65.9	....	....
December .....	12.4	49.4	23.2	44.4	....	....



Poland <sup>29</sup>INCIDENCE OF SYPHILIS AND GONORRHEA  
UNIVERSITY CLINIC OF WARSAW, 1939-1946

Period Covered	Number of Cases of Primary and Secondary Syphilis During Year	Number of Cases of Latent Syphilis During Year	Number Cases of Gonorrhea During Year	Per Cent of Pregnant Women with Positive Serologic Test	Per Cent of Sero- Positive Cases in Any Other Survey
Before September 1, 1939.....	70	100	110	8	53
During German occupation . . . .	228	144	526	7	25
From May 1945 to Aug. 1946...	862	129	1,110	12	42

## RELATIVE INCIDENCE OF SYPHILIS AND GONORRHEA

## CITY OF WROCLAW, 1919, 1939, AND 1945-46

(Based on Admissions to the University Dermatological Clinic)

	1919	1939	1945-46
Estimated population .....	500,000	615,000	100,000
<i>Early Syphilis</i>			
Admissions .....	871	17	411
Rate per 10,000.....	17.4	0.3	41.1
<i>Gonorrhea</i>			
Admissions .....	1,048	183	506
Rate per 10,000.....	21.0	3.0	50.6

Bulgaria <sup>30</sup>

Population (in thousands): 6,549.

	Year	Syphilis			Gonorrhea
		Primary	Secondary	All Forms	
Cases under	1941.....	508	320	2,291	1,682
treatment in	1942.....	610	457	2,430	1,359
civilian medi-	1943.....	847	649	3,171	1,604
cal establish-	1944.....	1,075	1,021	4,097	2,964
ments.	1945.....	801	1,036	4,199	4,134

Scandinavian Area <sup>31</sup>

	Year	Denmark		Norway		Sweden	
		Cases	Rates	Cases	Rates	Cases	Rates
Notifications of	1940.....	485	1.3	306	1.0	352	0.56
acquired syph-	1941.....	524	1.4	506	1.7	287	0.45
ilis. Rates per	1942.....	821	2.1	1,108	3.7	441	0.68
10,000 annu-	1943.....	2,336	5.9	1,934	6.4	953	1.48
ally.	1944.....	4,053	10.1	1,643	5.5	1,321	2.1
	1945.....	3,966	9.8	1,263	4.2	1,350	2.8
	1946.....	4,154	10.3	1,662	5.5	1,289	2.2

## APPENDIX 2

INTERNATIONAL AGREEMENTS, CONVENTIONS, ET CETERA,  
PERTAINING TO PROSTITUTION, TRAFFIC IN WOMEN  
AND CHILDREN

Congress on International Traffic in Women and Children, Paris, 1902, and International Agreement for the Suppression of the White Slave Traffic, Paris, 1904.

International Convention for the Suppression of the White Slave Traffic, Paris, 1910.

International Convention for the Suppression of the Traffic in Women and Children, Geneva, 1921.

International Convention for the Suppression of the Traffic in Women of full age, Geneva, 1933.

International Convention for Suppressing the Exploitation of the Prostitution of Others. League of Nations Draft Convention of 1937.

Transfer of League of Nations functions in this field to United Nations. Redrafting of 1937 proposals and possible unification of Agreements and Conventions, New York, 1947.

Recommended central authority in contracting states for coordination of information relative to prostitution. Authorities to be notified in ports, to be policed for persons involved in prostitution. No provision for punishment.

Punishment for the offence of procuring, enticing or leading away for purposes of prostitution women of full age when there is fraud or any measure of compulsion; also women under 20 years, even with consent.

Raised age of protection to 21 years of consenting persons. Extended protection to minors of both sexes.

Covers offence of procuring, enticing and leading away, even with consent, women for purposes of prostitution in another country.

Sought protection of persons of full age of either sex against exploitation for immoral purposes by third party with or without consent and without being taken abroad.

Approved by the Social Commission, the Economic and Social Council (August 14, 1947) and the UN General Assembly (October 20, 1947). The UN Secretariat Division of Social Activities has set up "working parties," including one in the U.S.A., to study and make further recommendations in this matter.

## APPENDIX 3

RECOMMENDATIONS, DECISIONS, MEETINGS, ET CETERA, OF SOME  
GOVERNMENTAL AND NON-GOVERNMENTAL INTERNA-  
TIONAL ORGANIZATIONS PERTAINING TO  
VENEREAL DISEASES*Organizations, Meetings, Etc.*

1st and 2nd International Conference  
on Prophylaxis of Syphilis and Venereal  
Diseases, Brussels, 1899 and 1902.

Conference on Health Conservation,  
League of Red Cross Societies, Cannes,  
France, April, 1919.

International Labour Organization, Ge-  
neva, 1920.

All American Conference on Venereal  
Diseases, Washington, D. C., 1920.  
Joint auspices of the U. S. Departmen-  
tal Social Hygiene Board, the U. S.  
Public Health Service, the American  
Social Hygiene Association and the  
American National Red Cross.

Northeastern, Eastern and Western  
Europe Conference on Venereal Disease  
Control, Copenhagen, Prague, Paris,  
1921.

Conference on Welfare of Mercantile  
Marine, Copenhagen, 1921.

*Decisions, Recommendations, Etc.*

Prostitution of minors to be suppressed  
by Governments. Reformation of teach-  
ing of venereal diseases in universities  
and expansion of public health educa-  
tion regarding hazards of syphilis.  
Uniformity of VD statistics throughout  
the world. Free treatment for all in-  
fected persons. Elimination of social  
discrimination against patients. Em-  
phasis on danger of VD in leaflets to  
Armed Forces.

Appointed Medical Advisory Board  
which recommended annual regional  
venereal disease conferences of National  
Red Cross for review and criticism of  
proposed measures and offered aid to  
those nations wishing to participate.

Procedures necessary for improvement  
of diagnosis and treatment facilities  
for seamen. Individual health cards  
for patients. Free treatment and dis-  
semination of VD information. Ade-  
quate recreational facilities in princi-  
pal ports.

Adopted standards in whole field of  
venereal disease control, including  
public health, education, legal and pro-  
tective measures.

Government action necessary for edu-  
cation, diagnosis, early and free anti-  
venereal disease treatment. Cooperation  
with privately practicing physicians  
necessary for successful public pro-  
gram. Wider training of physicians  
in medical school and by post-graduate  
courses in VD control necessary.

Studied problem of Agreements be-  
tween Governments for free antivene-  
real disease treatment of seamen. Pro-  
posed laboratory conference on sero-  
diagnosis of syphilis.



*Organizations, Meetings, Etc.*

Health Organization of the League of Nations,\* London, 1921; Paris, 1922.

International Conference on Standardization of Sera and Serological Tests, H.O.L.N., Paris, 1922.

International Union Against the Venereal Diseases † (Founded), Paris, 1923.

Laboratory Conference on Serodiagnosis of Syphilis, H.O.L.N., Copenhagen, 1923.

Norwegian Red Cross Society, and League of Red Cross Societies, Oslo, 1936.

General Assembly of I.U.V.D., Paris, 1926; Geneva, 1929.

Laboratory Conference on Serodiagnosis of Syphilis, H.O.L.N., Copenhagen, 1928.

I.U.V.D., Nancy, 1928.

International Conference on Health and Welfare of Merchant Seamen, Geneva, 1929.

General Assembly, I.U.V.D., Copenhagen, 1930.

*Decisions, Recommendations, Etc.*

Studied problem of Agreements between Governments for free antivenereal disease treatment of seamen. Proposed laboratory conference for study of efficiency of serological tests. Proposed draft convention with Office International d'Hygiène publique regarding VD problem in Merchant Marine.

Recommended comparative serological studies.

VD control programs to be studied from legal, sanitary and moral point of view. Coordination with voluntary health organizations and governments for unified VD campaigns. Centralization of scientific information and promotion of research. Encouraged conferences and congresses on VD.

Discussed flocculation tests and Wassermann reaction in syphilis.

Encouraged health, social and recreational facilities for seamen. Sought cooperation through standing committees on welfare for seamen by investigation of medical facilities in antivenereal disease treatment. Issuing of medical manuals. Education for ships' officers, etc.

Emphasized that regulated prostitution *not* an antivenereal disease measure. Necessity for VD education and treatment as chief means of control.

Adoption of uniform method of recording results in serodiagnosis of syphilis.

Prophylaxis against syphilis may give false assurance as to health hazard.

Studied VD and protection of women within competence of League of Nations. National organizations in maritime countries. Port Welfare Committees and maritime personnel treatment recommended by I.L.O.

Passed resolution relative to necessity of intensive treatment of patients to reduce period of contagiousness. Sufficient treatment to reduce relapse. Early treatment of congenital syphilis and protection of infected persons from late manifestations of syphilis.

\* Hereafter designated H.O.L.N.

† Hereafter designated I.U.V.D.

*Decisions, Recommendations, Etc.*

Laboratory Conference on Serodiagnosis of Syphilis, H.O.L.N., Montevideo, 1930.

I.U.V.D., London, 1931; Paris, 1932; Cairo, 1933.

9th Pan American Sanitary Conference, Buenos Aires, 1934.

General Assemblies of I.U.V.D., Madrid, 1934; Budapest, 1935; Amsterdam, 1936.

4th Conference on Welfare of Mercantile Marine, 1936.

21st International Labor Conference, 1936.

3rd Pan American Conference of National Directors of Health, Washington, 1936.

I.U.V.D., Cologne, 1937; Algiers, 1938; Liège, 1939.

*Organizations, Meetings, Etc.*

Further studies of standardization of serodiagnosis in syphilis and adoption of uniform recording of results (Kahn test and Ballung reaction).

Suggested comparative studies on abortive treatment of gonorrhea. Recommended better VD education of medical students and practitioners. Pointed out necessity of locating contacts and the study of criteria of cure. Role of arsenicals in treatment of neurosyphilis and lumbar puncture as method of determining stage of disease.

Recommended all countries in Pan American Union to ratify Brussels Agreement. All clinics to include VD services. Legislation on VD to be enacted and antisyphilitic drugs to be distributed free of charge.

Stand against charlatanism and "quackery." Emphasized necessity for list of VD treatment centers in various ports. Proposed improvements to 1924 Brussels Agreement by extending clinic hours and requesting better qualified medical officers. Proposed formation of national organizations for education of women in VD control. Opposed reduction of expenditures on VD control programs as false economy. Opposed curtailment of individual treatment in early syphilis.

Discussed necessity for social service organization for mercantile marine personnel.

Recommended suppression of prostitution in labor districts and areas frequented by seamen. Emphasized necessity of information on VD to seamen entering ports, and facilities for treatment.

Emphasized epidemiological aspects of the VD problem and necessity of investigating sources of infection to prevent spread of disease.

Opposed economy in government appropriations at the expense of VD control. Recommended sulfonamides for patients consulting VD clinics. Sulfonamides to be administered under medical supervision only. Discouraged self-treatment by control labeling. Governments to refrain from penal measures against infected soldiers.

*Organizations, Meetings, Etc.*

10th and 11th Pan American Sanitary Conferences, Bogota, 1938; Rio de Janeiro, 1942.

Anglo-American Caribbean Commission, and Inter-Departmental Committee on Venereal Diseases, Washington, 1943.

Caribbean Social Hygiene Conference, San Juan, Puerto Rico, 1944.

First Central American Conference on Venereal Diseases, Panama, 1946. (Sponsored by a Committee representing Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua and Panama.)

I.U.V.D., Paris, 1946.

12th Pan American Sanitary Conference and 2nd Pan American Health Education Conference, Caracas, Venezuela, January, 1947.

*Decisions, Recommendations, Etc.*

VD Departments of Governments to supervise laboratory diagnostic procedures. Uniform methods of recording diagnosis and treatment of VD cases necessary. Statistical representatives in each country to be appointed to unify system of incidence, mortality, etc.

Emphasized need for cooperative VD programs in civilian populations. Charged the USPHS, PASB and the Anglo-American Caribbean Committee with establishment of regional civilian VD control programs.

Recommended measures relating to protection of the public health, social protection for youth, provision for medical treatment and education, and in support of legislation for these purposes. These referred chiefly to Puerto Rico conditions, but served as bases for similar measures among 12 Caribbean countries represented at Conference.

Recommended that Central American countries adopt uniform standards and procedures for diagnosis and treatment of syphilis and gonorrhea; that April 25 of each year be observed as Anti-Venereal Day; planned Second Conference in Guatemala in 1948.

Decided to publish journals in two languages and to create regional offices for spreading of knowledge on international advances in VD control. Investigating methods of international reporting of contacts. Asked enforcement of four existing conventions on prostitution, etc., and the ratification of 5th Agreement of 1937.

Urged that venereal diseases be fought by every means possible.



*Organizations, Meetings, Etc.*

I.U.V.D. General Assembly, Paris, October, 1947.

*Decisions, Recommendations, Etc.*

Emphasized need for professional education, and rounded program of education, treatment and case-finding for all ages and types of people; reaffirmed need for cooperation between private physicians and public health officials; recommended expansion of Brussels Agreement to include migrant industrial workers and appointed a committee to study and plan action; called for international conference of voluntary organizations to work out international problems and appointed committee to study cooperation with the World Health Organization. Approved third committee to study development of educational and social measures, especially teaching biological sciences and their relation to human affairs and family stability.

# STRUCTURE OF THE ECONOMIC AND SOCIAL COUNCIL

At the conclusion of its third session October 1946

## GENERAL ASSEMBLY

**ECONOMIC AND SOCIAL COUNCIL**  
18 members elected for 3 years by General Assembly  
Records by simple majority of those present and voting

**COMMITTEE ON ARRANGEMENTS  
FOR CONSULTATION WITH NON-  
GOVERNMENTAL ORGANIZATIONS**

**COMMITTEE ON NEGOTIATIONS  
WITH SPECIALIZED AGENCIES**

**AD HOC  
COMMITTEES**

## COMMISSIONS

**NARCOTIC  
DRUGS**  
(15 members)

**STATUS OF  
WOMEN**  
(15 members)

**HUMAN RIGHTS**  
(18 members)

**SOCIAL**  
(18 members)

**POPULATION**  
(12 members)

**STATISTICAL**  
(12 members)

**FISCAL**  
(15 members)

**TRANSPORT AND  
COMMUNICATIONS**  
(15 members)

**ECONOMIC AND  
EMPLOYMENT**  
(15 members)

**ECONOMIC  
RECONSTRUCTION  
AND EMPLOYMENT  
AREAS (Temporary)**

## SUBCOMMISSIONS

**FREEDOM OF INFORMATION AND THE PRESS  
PROTECTION OF MINORITIES  
PROTECTION OF DISCRIMINATION**  
(Authorized for establishment)

**(To be established  
for the purpose of  
conducting  
sampling)**

**(To be established  
for the purpose of  
economic development)**

## SPECIALIZED AGENCIES

**NON-  
GOVERNMENTAL  
ORGANIZATIONS**

**INTERNATIONAL  
LABOUR ORGANIZATION**

**UNITED NATIONS  
EDUCATIONAL  
SCIENTIFIC AND  
CULTURAL ORGANIZATION**

**FOOD AND  
AGRICULTURE  
ORGANIZATION  
OF THE  
UNITED NATIONS**

**PROVISIONAL  
INTERNATIONAL  
MONETARY  
FUND**

**INTERNATIONAL  
BANK FOR  
RECONSTRUCTION  
AND  
DEVELOPMENT**

**WORLD HEALTH  
ORGANIZATION**

**INTERNATIONAL  
ORGANIZATION  
OF SEAFARERS**

**INTERNATIONAL  
ORGANIZATION  
OF JOURNALISTS**

**INTERNATIONAL  
ORGANIZATION  
OF PUBLIC RELATIONS**

**INTERNATIONAL  
ORGANIZATION  
OF JOURNALISTS**

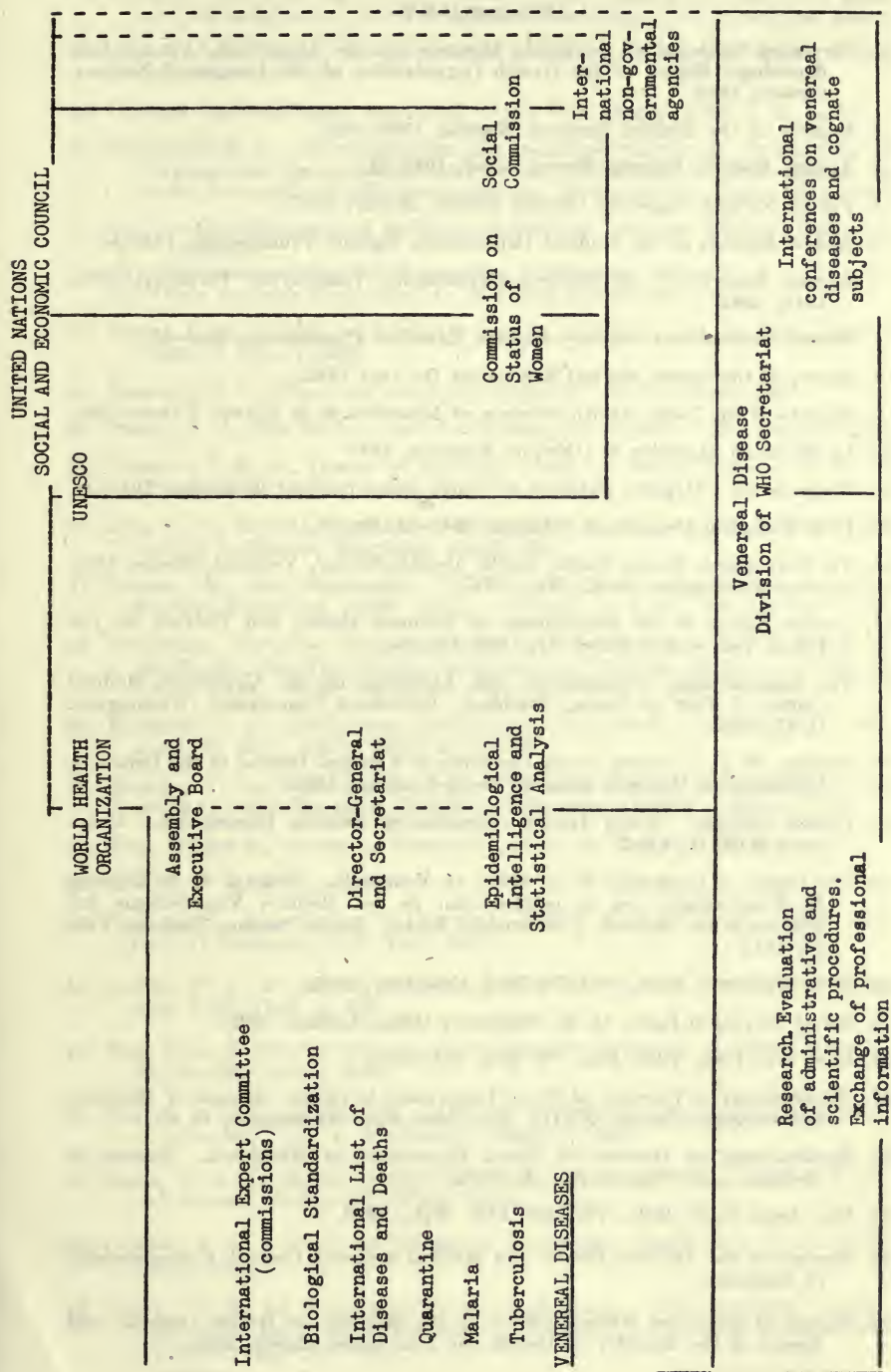
**INTERNATIONAL  
ORGANIZATION  
OF JOURNALISTS**

Adapted by United Nations, Department of Public Information

\* Negotiations to bring these specialized agencies into relationship with the United Nations have already been undertaken and draft agreements have been forwarded by the Council to the General Assembly for its approval.

Issued by United Nations, Department of Public Information at conclusion of the third session, October, 1946.

## APPENDIX 4



## APPENDIX 5 ORGANIZATION CHART FOR INTERNATIONAL COOPERATION ON VENEREAL DISEASES



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## ANNOUNCEMENTS

**From the December Journal.**—Three important articles from the *Social Hygiene Day Number* have been reprinted for general distribution. . . . They are: "*The Compleat Case Finder*"—practical epidemiology of syphilis and gonorrhea in New York City, by Dr. Theodore H. Rosenthal, Director of the City Health Department Bureau of Social Hygiene (Pub. No. A-704); *The Function of Rapid Treatment Centers*, by Dr. Evan W. Thomas, Director of Bellevue Hospital RTC (Pub. No. A-706), and *Sex Education or Social Hygiene Education in Schools in Forty Cities*, by Jacob A. Goldberg, Secretary of the New York TB and Health Association Social Hygiene Committee (Pub. No. A-704). These are 10 cents each, \$1.00 per dozen.

**Last Month.**—Reprints will be available also of the main articles in the January JOURNAL. . . . *Morals, Ethics and the Purposes of Sex*, by Seward Hiltner, Executive Secretary of the Commission on Religion and Health, of the Federal Council of Churches of Christ in America, will be Pub. No. A-709. . . . "*A Song to March to*" by Esther Emerson Sweeney, of the ASHA staff, presenting a practical community program to help meet family problems, will be Pub. No. A-710. . . . H. Garriek Williams' story of *Reaching the People in "Unorganized Groups"* through the program of the Queensboro (NY) TB and Health Association is Pub. No. A-711, and Dr. Frank J. Hertel's *New Gateways to Family Service*, reviewing the relation between the family agency and the community, will be Pub. No. A-712. These too are 10 cents each, \$1.00 per dozen. The set of four, 35 cents, or \$3.00 the dozen sets.

**This Month.**—The impressive collection of facts, figures and recommendations compiled by Dr. Thorstein Guthe, Dr. John C. Hume *et al.*, and appearing in this issue of the JOURNAL, on *International Aspects of the Venereal Disease Problem*, will be available in reprint form as Pub. No. A-713. The price of this important report has been set at 40 cents per copy postpaid (*50 cents postpaid outside United States territory*). By the dozen or hundred, the price will be considerably less, depending on the size of the edition required. *Please let us know your wants.*

**Next Month.**—*Have we reached the turning point in the campaign against the venereal diseases and the problems in their train? Are we over the top? What is the road like ahead?* These are questions often put to social hygiene workers these days. Dr. Walter Clarke, ASHA Executive Director, and his staff, in *Has the Tide Turned?*, the Association's Annual Report for the Year 1947, marshals both "yea and nay" facts from the national viewpoint, and tells what the national organization has done in the past year to learn these facts and help the states and communities use them to advantage. In addition to this in the March JOURNAL, a limited supply of preprints (Pub. No. A-707) is available without charge on request to the ASHA Publications Service, 1790 Broadway, New York 19, in case you want an extra copy. *Please send 5 cents postage.* . . . Another important March article is *Venereal Disease in One World*, an address given by Dr. J. R. Heller, Jr., Chief, USPHS VD Division before the First Postwar General Assembly of the International Union against Venereal Diseases, Paris, October, 1947. *The entire number, 35 cents as usual.*

## TO THE READER

One of today's most urgent needs in war devastated countries is for publications and other educational materials to enable physicians, nurses, social workers, teachers and other professional workers to keep informed on new developments and methods in health and welfare. The American Social Hygiene Association is constantly called upon from all parts of the world to provide the JOURNAL OF SOCIAL HYGIENE, and our books, pamphlets and graphic materials, and we are responding to the full extent of such of our resources as can be spared for this purpose.

You are cordially invited to share in this opportunity for worldwide service, in such way as seems feasible to you. Listed below are a number of suggestions for helpful participation. We shall look forward to hearing from you, and our thanks are yours in advance.

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of  
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Annual Report Number

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## Annual Report Number

"MEN OF LIGHT AND LEADING . . ."

### ASSOCIATION'S LEADERS CONTINUE TRADITION

Among the strengths of the social hygiene movement in the United States, and to a great degree responsible for the progress achieved, is the high caliber of the men and women who have given their thought and time to this effort through the years. The American Social Hygiene Association, as the national voluntary agency, has been especially fortunate, in its thirty-five year history, in being able to rely on outstanding presidential leadership. The high standard set by Dr. Charles W. Eliot, to whom Dr. Clarke pays tribute as founder and first President in his 1947 Annual Report (pages 99-116) has been upheld by those who came after. Abram W. Harris, William Henry Welch, Herman M. Biggs, Edward L. Keyes and Ray Lyman Wilbur may well be described in Burke's cogent phrase as "men of light and leading".

In electing Philip R. Mather of Boston to the presidency at the Annual Meeting on February 4, the Association continues the tradition of selecting a chief officer of sound competence and tested experience. Mr. Mather, who takes the helm from Dr. Wilbur, has proved his social hygiene leadership by contributing generously of his time through the years for a variety of administrative and field services. As a member of the boards of directors of both the national Association and the Massachusetts Society for Social Hygiene, as Chairman of the ASHA Committee on Wartime Activities, as Campaign and Finance Committee Chairman through the difficult war years and the start of the still more difficult postwar period, he has furnished top direction and vigorous drive. The Association's Committee on Awards, in presenting the Snow Award to Mr. Mather just following his election to the presidency, recognized not only these services, but drew attention as well to the qualities for future practical guidance which mark in bright promise a man of "light and leading". All who have the success of social hygiene at heart and mind wish the new president well, in his important and strategic task. The Association is fortunate, also, in being able to retain Dr. Wilbur's aid as Honorary President, and in having Dr. Keyes, president from 1924 to 1936 and Honorary President since that time, a continuing member of the Editorial Board and a source of wisdom and faith still to be drawn upon.

# FOR THE YOUTH OF THE NATION

## A PROCLAMATION BY PRESIDENT TRUMAN

WHEREAS the youth of this Nation is its most precious asset and best hope for the future; and

WHEREAS the incidence of juvenile delinquency is a reflection of the failure of our society to afford to all of its young people a full measure of protection and opportunity for health and happiness, and to inculcate in them a sense of the true values of life and citizenship; and

WHEREAS in November 1946 many important agencies, governmental and private, national and local, and individuals the country over, banded together, at the call of the Attorney General of the United States, in a National Conference on Prevention and Control of Juvenile Delinquency, to study and make recommendations for immediate action in every State and community for the solution of juvenile delinquency problems; and

WHEREAS this National Conference has now made available for use by individuals and organizations throughout the Nation, certain Action Reports, which are the best available tools for the prevention and control of juvenile delinquency, and has urged upon the States and communities immediate action with respect to the recommendations in those Reports, and, in particular, the holding of State and community conferences, developed on the general pattern of the National Conference on Prevention and Control of Juvenile Delinquency; and

WHEREAS the prevention and control of juvenile delinquency, to be effective, must be pursued primarily in the States and communities where daily contacts are maintained with the children themselves:

NOW, THEREFORE, I, HARRY S. TRUMAN, President of the United States of America, do hereby call upon the people of the United States, in their homes and churches, in the schools and hospitals, in social welfare and health agencies, in enforcement agencies and courts, in institutions for the care of delinquent juveniles, and in their minds and hearts, to act, individually and together, for the prevention and control of juvenile delinquency, so that our children and youth may fulfill their promise and become effective citizens in our Nation. I further urge them, as the most direct means to this end, to respond promptly to the call of the National Conference on Prevention and Control of Juvenile Delinquency by carefully preparing for, and holding, wherever possible during the month of April 1948, State and community conferences, developed on the general pattern of the National Conference, and at these conferences, or otherwise, to study State and local conditions in the light of the recommendations of the National Conference; to put into immediate effect such of the recommendations as are pertinent to State and local conditions; to develop firm foundations for continuing community action; and to take such other action as may be useful in solving this vital youth problem and in developing the genuine opportunities for useful living to which our young people are entitled.

I urge this to the end that in no part of the Nation shall action be omitted which is practical and useful in reaching the objectives of the National Conference in the prevention and control of juvenile delinquency in this Nation.

IN WITNESS WHEREOF, I have hereunto set my hand and caused the seal of the United States of America to be affixed.

Done at the City of Washington this twenty-seventh day of January in the year of our Lord nineteen hundred and forty-eight, and of the Independence of the United States of America the one hundred and seventy-second.

HARRY S. TRUMAN

*By the President:*  
G. C. MARSHALL  
*Secretary of State.*



## HAS THE TIDE TURNED?

THE ANNUAL REPORT OF THE AMERICAN SOCIAL HYGIENE ASSOCIATION  
FOR THE YEAR 1947.

WALTER CLARKE, M.D.

*Executive Director*

Deep-going social dislocations were the natural result of the global war and these inevitably left their mark on the immediate period that followed the close of war. The country experienced a spectacular rise in the number of reported cases of syphilis and gonorrhea in 1945 and 1946. Some cities where prostitution, during the war, had been wiped out, permitted this illegal racket to flourish again. Juvenile delinquency became alarming. Divorce became a great public problem.

Has the tide turned? A review of the development and progress of the social hygiene movement for 1947 indicates that this year may have been the turning point and that, by dint of effort, we are regaining lost ground.

Our standard of measurement is the statement of aims, taken from the constitution of the American Social Hygiene Association, written in 1913 by the Association's first President, Charles W. Eliot.

Briefly put, here are the objectives he outlined for the Association:

*To advocate the highest standards of public and private morals.*

*To suppress commercialized prostitution.*

*To organize the defenses of the community against venereal diseases.*

*To conduct inquiries into the present condition of prostitution and venereal diseases.*

*To secure mutual acquaintance, sympathy and cooperation for these or similar purposes.*

During 34 years of experience, in activities that have covered the United States and extended abroad, through two World Wars and into the present postwar reconstruction period, the Association has held its course steadily to these objectives.

Progress has been made. In 1913, our subject could not be openly discussed. The "conspiracy of silence" firmly blocked all channels of publicity. Now every facility for informing the public is open. In 1913, nearly every city had its sordid segregated vice district; thousands of brothels operated throughout the country. Now, flagrant

prostitution conditions are permitted to exist in comparatively few communities. In 1913, there was no organized attack on the venereal diseases. Now the Federal government, every state and most cities have the essentials for a venereal disease control program. In 1913, a handful of enlightened citizens had formed a few social hygiene societies. Now there are 250 societies and committees, and many hundred other citizen groups include social hygiene activities in their programs. The Association and its affiliates have attained prestige and positions of confidence in the national community.

Before World War II, voluntary groups and official agencies, utilizing funds which the Association helped to obtain, were making progress toward venereal disease control. Incidence rates, though high, were falling. During the war, by teamwork in which the Association played a distinguished part, the venereal disease rates were held down. Then in the postwar period, increases in venereal disease prevalence, crime, delinquency and divorce revealed themselves.

All these distressing symptoms of war and postwar social dislocations were of great concern to the Association. Our efforts were devoted to stemming the dangerously rising tide of venereal diseases, prostitution, delinquency and broken family life.

Not until 1947 were there indications that perhaps the tide was turning. In some places venereal disease rates, especially among young people, showed a slight decrease from recent highs. Official records suggest that juvenile delinquency was somewhat less alarming. Large cities have continued good or excellent law enforcement against prostitution. Though some smaller communities permitted this evil traffic to continue or to creep back, other strongholds of prostitution fell before efforts of citizens aided by the Association. There was some evidence that the divorce rate was leveling off. Interest in education for marriage and parenthood continued to increase. New recruits, strong friends joined the Association's ranks and greatly strengthened citizen support.

Realistic facing of facts however requires recognition that:

(1) The incidence rates of syphilis and gonorrhea remain enormous as compared, for example, with the rates for other communicable diseases. We have annually nearly a million new cases which do not receive the early medical care that would render them non-infectious—and cure most of them.

(2) The toleration of vicious prostitution conditions is still a menace to health, morals and decent government in too many American communities.

(3) Far too many young people who could be protected by educational and guidance services, depart from accepted standards in their sex conduct.

(4) Thousands of families which might be saved go on the rocks and break up due to lack of early education and guidance, and to absence or failure of counseling services.



These are impressive evidences of tasks still ahead. It has taken all the energy and determination of official and voluntary agencies to prevent, in 1947, a continuation of the deterioration which occurred in 1945 and 1946. With the same energy and determination—certainly with nothing less—applied in 1948 and coming years we can confidently expect to see:

*Syphilis become a rare disease and gonorrhea reduced to a problem of minor importance;*

*No community tolerating commercialized prostitution;*

*Young people well instructed and guided in the exercise of the reproductive instinct;*

*More stable families raising children and developing them for happy, useful citizenship.*

Though we have gone far in 34 years, these objectives cannot be attained today nor tomorrow. But the good that has already been accomplished by the Association for the nation, and indeed for the world, teaches us that every advance we make in the direction of our objectives is a gain for everyone, including generations yet to come.

The following pages tell what the Association did in 1947 to help stem and perhaps turn the tide—how we made progress toward the objectives in the 34th year of our effort.

### Social Hygiene in the Lives of the People

Take a look with us at a day—any day—in the 1947 life of the American Social Hygiene Association. Let's see what social hygiene means, not in broadly stated principles, not in statistics or comprehensive program, but in specifics in the lives of people.

... The State Health Commissioner said: "We're prepared to deal with the venereal disease problem medically . . . but what can we do about teaching people how to live so they won't be infected or reinfected?"

... And the School Superintendent wrote: "Of course, we in the school system know that if we can give children sound attitudes toward sex, if we can arm them with information and understanding, we can strengthen family life and help to fight delinquency and crime. But the people in our town won't stand for it. What can we do?"

... And the civic leader confided: "We hear reports that prostitution conditions are returning. But we can't form a citizens' committee to act until we get the facts."

... And the Chamber of Commerce executive said bluntly: "Our industrialists want a project against VD. VD costs industry money in time lost from the job, in labor turnover, in accidents. But we need some hard-hitting material that working people will read and understand."



. . . Said the Parent-Teacher Association president: "We think family life education is the parents' job. But we mothers and fathers don't know how to go about it. Will you tell us?"

. . . And the clergyman explained: "Our social hygiene committee has done all the preliminary work for getting a school program under way. But now we find that there are no teachers trained to do the job. What do we do now?"

. . . And the State Senator wrote: "We know all about the premarital and prenatal laws that guard families from syphilis in other states. But we haven't been able to convince the voters in our state of their value. What do you suggest?"

. . . And from cities in all of the 48 states, from doctor and research student, from university campus and from social agencies come inquiries: "What's the latest story about the effectiveness of penicillin . . . how are new treatment methods working out . . . what are the latest statistics on infection . . . are we winning the fight against syphilis . . . where is the attack rate the highest . . . what is the relationship between prostitution and VD infection?"

That's not the total picture. It is just a cross-section of a single day, selected at random from Association files to indicate the diversity in human terms of concrete problems which reveal themselves in the homes, the schools, the churches, the industries, the health departments, and the communities themselves as we move forward in application of the broad principles of social hygiene.

The Association is the sole national voluntary agency operating on all fronts of the social hygiene movement. As such, the Association offers continuing general national leadership, establishes standards and goals, provides guidance and materials to meet national needs wherever they may be. But human problems are always specific, never general. Stronger family life to be built nationally, must be fortified locally. Venereal disease, to be fought nationally, must be fought at the local level. Eradicating prostitution means enforcement of the laws locally. Thus the Association implements over all planning and policy with direct service in the field, with joint undertakings in the communities, with cooperative action with affiliates on long range projects and with on-the-spot consultations and activities with groups set up for limited objectives.

This report is essentially the story of how the Association carried out this two-fold task in 1947.

### Let's Look at the Record!

Telling the people through pamphlets and books

The Association is the main authoritative source of material covering all aspects of social hygiene. Much of the literature is developed by staff members or by professional writers under staff guidance. Schools, parent groups, health departments, community organizations, councils of social agen-

cies and other groups and interested leaders throughout the country make increasing demands upon the Association for its publications and for other material that it recommends.

During 1947, 225,338 pamphlets were distributed without charge. Another 447,566 pamphlets were sold at basic cost. In addition, the Association sold 2,423 books on social hygiene topics and distributed thousands of bibliographies to those interested in wider study.

672,904  
pamphlets  
distributed

### ASHA Reaches the Grass Roots

During 1947, the Association gave new emphasis to placing its material in magazines of wide circulation with the aim of reaching the people in the media of their own choice.

Telling the  
people through  
magazines

It is perhaps an indication of the turning tide that in 1947 more influential publications than ever before expressed a demand for social hygiene material, which in turn reflected a deeper interest in the subject on the part of the public.

A readership of more than 10 million was obtained for Association material through this method, judged by the combined circulations of magazines that cooperated. Special effort was made to place articles in publications of the most popular type, having "grass root" readers who might otherwise not be expected to come in contact with our literature.

Ten million  
readers

Among the publications where articles by Association staff members appeared or where social hygiene material was placed on Association initiative or with staff cooperation were: *This Week* (national Sunday supplement); *American Weekly*, *New York Times Magazine*, *See Magazine*, *True Story*, *Magazine Digest*, *Newsweek*, *Woman's Press*, *Reader's Scope*, *Better Homes & Gardens*, and *Woman's Home Companion*. During 1947, also, material was prepared for 1948 publication in *Pic*, *Ladies' Home Journal*, *Varsity*, *Woman's Press* and the *American Mercury*.

During the same period, the Association continued publication of the JOURNAL OF SOCIAL HYGIENE, its monthly leadership organ, and the SOCIAL HYGIENE NEWS, which carries news of the social hygiene movement to Association members, affiliates and friends throughout the country on a monthly basis.

Our own  
publications:  
**The Journal  
and News**

5,000 inches  
of newspaper  
publicity

Newspapers, which for years maintained rigid taboos against social hygiene subjects, by 1947 had become firm allies. Releases appeared in papers in nearly 500 communities and totalled over 5,000 column inches in space. The labor press also used our material extensively.

Telling the story  
through films

Demands for Association films were made from many parts of the country. Movies dealing with venereal disease were revised to include data about penicillin therapy.

Social Hygiene  
Day dramatizes  
the story

The sponsorship of this annual observance in the field of public information was marked by thousands of group and community meetings. Newspaper publicity reached its peak in January, when preparations for Social Hygiene Day were under way, and in February when observances were being held. Radio broadcasts featuring our 1947 slogan: *Stamp Out VD—Prevention is the Watchword* were presented in many cities.

5,000 sets of  
Program and  
Publicity Aids

Social Hygiene Day kits containing 55 different pamphlets, folders and items for committee and mass use were widely distributed. In all, the Association furnished, free, 150,000 copies of its announcement folder, 50,000 copies of other items and 5,000 complete program and publicity kits.

Annual Meeting  
and New York  
Regional  
Conference

In New York, Social Hygiene Day was marked by the traditional Annual Meeting and a Regional Conference in which up-state communities and interested groups from Connecticut and New Jersey participated. Over a thousand attended the all-day meeting. The entire proceedings were broadcast.

### Reaching the Grass Roots Through Affiliates

Our affiliates—  
250 in 28 states

A decisive factor in the success of Social Hygiene Day observances and in the carry-over of the observance into year-round social hygiene activities is the existence of 250 Association affiliates—societies which operate either on the broad program or devote their efforts to one or more sections of the program. In addition, close liaison with and guidance to many national, state and city educational, professional, health and welfare groups strengthened the Association's ability to project its program effectively.

Ten issues of  
"Program  
Notes"

These affiliates and cooperating groups and individuals received during 1947 monthly *Program Notes*, containing specific suggestions for carrying



on various aspects of the social hygiene program, information regarding publications, motion pictures and other program aids, and new factual information in the field as it became available.

More than 150 executives of social hygiene societies from many parts of the country attended the Annual Conference of Social Hygiene Society Executives in New York in the spring. The six session, two-day meeting offered guidance on program and permitted a valuable exchange of experience from the field.

Annual  
Conference of  
Society  
Executives

### Service in the Field

Direct on-the-scene guidance to the communities is furnished by the Association through periodic staff visits in the field. Visiting staff members confer with community leaders, discuss problems in the light of national experience, cooperate in reviewing existing resources for broader use and, where possible, assist in the organization of new forces for the social hygiene movement.

108 field visits to  
271 communities  
in 41 states and  
the District of  
Columbia

During field trips and periodically throughout the year, staff members and social hygiene authorities, enlisted by the Association, deliver addresses to specially organized meetings. While attendance in large part is of leadership calibre, audiences ranged from 35 to 1,000. Total audience reached in this way was well over 30,000.

More than 200  
lectures to  
leaders

Representatives of national, state and local agencies, both voluntary and governmental, often bring their problems direct to the national office of the Association for discussion. More than 500 such conferences were held during 1947.

500 individual  
conferences

Supplementing field trips and conferences is a vast network of correspondence covering all phases of the social hygiene program. Through the Public Health and Educational Division, a confidential advisory service is maintained which extends throughout the United States and into some foreign countries. Questions about the venereal diseases and sexual disorders are answered with advice about seeking competent medical attention. A popular pamphlet is usually attached. Other divisions provide extensive educational and organizational services by mail.

Telling the  
people by  
correspondence

More than  
50,000 letters to  
individuals  
and groups

The Association participates in the annual and special conferences of professional groups in health, medical and allied fields.

Professional  
conferences  
and exhibits

During 1947, the Association participated in the meetings of the American Public Health Association, the American Medical Association, the American Pharmaceutical Association, and the New York State Health Conference.

Special exhibits  
shown

Exhibits dealing with the venereal diseases were shown by the Association at the American Medical Association convention and the New York State Health Conference. The annual meeting of the New Jersey Congress of Parents and Teachers was one of many such gatherings at which special social hygiene displays were exhibited.

Research

The hard core of all mass education on health and welfare problems is necessarily the research findings of the specialist. The Association regularly carries on through its staff and through projects undertaken with other experts, limited research projects. During 1947, a staff member completed a study and published an article based on findings entitled *Epidemiology of Granuloma Inguinale*, one of the most obscure problems in the whole field of venereal disease control.

Study of blood  
testing in  
industry

The Association completed a study and published an article on *Serologic Tests for Syphilis in Industry*.

418 industries  
studied

This is the third such study made by the Association in nearly 20 years. The study, which covered 418 industries, with 2,459,000 employees, disclosed that 66 per cent of plants with approved medical departments now administer pre-employment blood tests for syphilis. This is a marked increase over the findings in other studies and shows wider industrial acceptance of a case-finding measure advocated by the Association and the U. S. Public Health Service since 1932.

Service to the  
Government

A staff member served as consultant to the Surgeon General of the Army and to the New York State Department of Health. The same staff member also participated in the deliberations of the National Joint Army-Navy Disciplinary Board and served as the Association's representative on the National Advisory Committee on Venereal Diseases, composed of representatives of the Army, Navy, Airforce, the U. S. Public Health Service and other federal and national voluntary agencies. The Association was also represented on the Government's Interdepartmental Venereal Disease Committee and on the Advisory Council of the Army's Women's Interests Unit.

A major undertaking in research in 1947 was a field study of social hygiene activities in Los Angeles County at the request of the Welfare Council of Metropolitan Los Angeles. This included studies of the several health departments, the hospitals and clinics, prostitution activities, law enforcement and social hygiene education and organization. This project will have special value for Los Angeles but its findings will be of significance nationally.

Los Angeles  
survey

A staff member is Clinical Professor of Public Health at Harvard University where, for the fifth year, he conducted a 40-hour course on venereal disease control for medical men and women in the spring term of 1947. Field trips to four cities and practical experience in the VD Control Divisions of two of them were part of the course. Enrollment for 1947 was the largest since the course has been offered.

Training health  
officers in  
VD control

The Association also participated in a training course for Army medical officers dealing with VD control and supplied educational materials on VD control to the Harvard School of Public Health and the Johns Hopkins School of Public Health and Hygiene.

Projects with the  
Army and  
Johns Hopkins

### Greater Interest in Sex Education

Whereas, during wartime, program emphasis was of necessity shifted to the dangers of promiscuity and venereal disease, during 1947, the Association was able to give renewed emphasis to family life education.

Family life  
education moves  
forward

It is an indication of the turning of the tide that demands for help were greater in this field than ever before, suggesting heightened interest Staff members and educational consultants met with boards of education, school superintendents, curriculum planning personnel, teachers and others interested in the inclusion of social hygiene education in school programs.

A permanent center for training teachers in education for family life has been established at the University of Utah, largely as a result of Association efforts. Establishment was prompted by the tremendous success of summer sessions held under joint Association and University auspices in 1946 and 1947 to serve the mountain states.

Utah  
achievement



**Action in  
the West**

On a western trip during February-March, an educational consultant conferred with community leaders and school officials in Portland, Seattle, Tacoma, Everett, Los Angeles, San Diego, San Francisco on modern methods of family life education.

**New Hampshire  
acts**

In New Hampshire, a consultant met with faculty members of the two State Teachers Colleges to discuss adding social hygiene guidance instruction to the curricula. As a result, one of the colleges has already introduced a course.

Many and diverse services were given colleges, normal schools, secondary schools, teachers, group leaders, parent-teacher associations, social hygiene societies and other community groups in planning work-shops, institutes, forums, study groups, public meetings and local programs throughout the country.

**Eastern teaching  
center**

The need for additional teacher training centers remains one of the most pressing problems in this field. The Association is concentrating efforts for the establishment of such a center in the East in 1948.

**National office  
consultation**

Direct guidance in social hygiene education was provided to influential national voluntary organizations with millions of members. They apply parts of the Association program in their regular operations.

**White House  
Conference on  
Family Life**

The Association is a member of the Sponsoring Committee for the National Conference on Family Life, which will be held at the White House, May 6, 7 and 8, 1948. An Association educational consultant has been placed on the Technical Advisory Committee.

**Promoting Wholesome Community Life****Protecting the  
communities  
from prostitution**

The promotion of sound attitudes towards sex through social hygiene education would go forward in a one-sided manner unless accompanied by continuous efforts to foster wholesome environmental conditions. The Association carries through this part of its program through systematic studies of commercialized prostitution in cities throughout the country. These confidential studies enabled law enforcement officials and others to combat, successfully, in most places, a return of the racket which endangers health and morals.

Fighting prostitution is a continuing task. Vice racketeers, when forced out of business, invariably wait for and fight for a relaxation in law enforcement so that they can resume their sordid and profitable traffic. For this reason, the prostitution studies, which systematically record the extent of such activities, signaling where action is needed, are among the most valuable of direct Association services to the communities.

A tiny New England community suddenly discovered 50 cases of infectious syphilis within a two-month period. The Association was asked to supply investigatory service to determine the origin. The survey that followed helped county authorities bring the situation under control from the environmental as well as the medical point of view.

In a mid-western city, citizens were alarmed by evidences of the return of commercialized prostitution but they found difficulty in pressing for enforcement of the laws because they lacked facts on which to proceed. An Association survey furnished the basic facts and a citizens' committee went into action. Soon the word went out through the underworld that "the heat was on" and brothels were tightly closed.

During 1947, the line was held in the main against prostitution, although a resurgence was noted in some cities of approximately 100,000 population. Of the 240 communities studied during the year, 43 per cent were found to have good conditions; 26 per cent, fair; 11 per cent, poor, and 20 per cent, bad. Conditions continue good in the 14 largest cities. Constant effort will be necessary in 1948 to hold the gains already made and to advance faithful, intelligent law enforcement.

Good laws are strong weapons if properly used. The Association consistently encourages their enactment, working both for adoption and for enforcement.

The Association for a long time has encouraged the states in enactment of the premarital blood test laws, which help protect marriages from syphilis, and the prenatal blood test laws which help guard new-born babies from the same disease. During 1947, Delaware, Kansas, Montana and Alabama passed the premarital blood test law, bringing to 36 the number of states with this legislation. Arkansas and New Hampshire passed

240 community studies of prostitution conditions in 38 states

Two examples from among many

Cracking down on the underworld

14 largest cities maintain good conditions

New social hygiene laws

Four additional states pass premarital blood test laws

Two additional states pass prenatal blood test law

prenatal blood test laws in 1947. There are now 38 states and Hawaii which require physicians to include tests for syphilis in their care of pregnant women.

New editions  
of the Digests  
of Laws

During 1947 up-to-date supplements were prepared to the *Digest of State Venereal Disease Laws and Regulations*, first issued in 1940, and to the *Digest of Prostitution Laws*, published in 1942. The supplements will appear in 1948. These *Digests* have a wide distribution among the medical and legal professions, public health and law enforcement officials, as well as among social workers and others interested in social hygiene activities.

Confidential  
studies of illegal  
and unethical  
practices

Quackery, though diminishing, still continues to victimize VD patients. Quacks omit use of the words syphilis and gonorrhea from their advertisements but substitute instead "guaranteed cures for blood diseases" and "diseases of the urinary tract."

" Medicine  
Men "

California is plagued particularly with "medicine men" of this type, as well as so-called "herbalists" without qualifications, who profess ability to treat VD.

In Los Angeles County, where the Association made a comprehensive survey of all aspects of social hygiene during 1947, quacks were uncovered who offered treatment without diagnosis. They merely listened to a description of symptoms. Others offered treatment by mail. The Association operates continuously to expose such quackery and to encourage officials to crack down on their practices.

Drug-store  
" cures "  
disappearing

A bright spot in the picture, revealed particularly in the Los Angeles study but indicated by findings nationally, was the virtually complete elimination of over-the-counter diagnosis and treatment of syphilis and gonorrhea in drug stores. A marked reduction was noted also in 1947 in the stock and sale by drug stores of patent medicines purporting to cure venereal diseases.

Cooperation  
with police  
departments

The annual conference of the International Association of Chiefs of Police, held in Duluth, Minn., heard an Association staff member discuss law enforcement and social protection. Some 1,200 Police Chief delegates were present.



### The People Strengthen the ASHA

One measure of the effectiveness of any voluntary organization is the extent of citizen participation that its program inspires. The voluntary agency depends on the people to apply its policies and to supply the indispensable finances for continuity and scope of effort.

Citizen  
participation

Because the Association belongs to the people and depends on the public for its support, fund-raising of and by itself is an educational undertaking which broadens popular understanding of social hygiene.

Fund-raising for  
the Association  
is social hygiene  
education

Field representatives, enlisting community support, project the total program, confer with professional and lay leaders on program and indicate possible methods of cooperative action with the national office. Conferences, meetings with leaders, special mailings and publicity explaining why citizen participation is necessary and desirable, all strengthen popular understanding of the social hygiene movement as a whole.

Field visits to  
191 cities in  
41 states

Nineteen forty-seven was the first complete year since 1942 that the Association relied, in the main, upon direct contributions from citizens. From 1943 through 1946, the Association was financed, together with numerous other agencies, through the National War Fund. No comparable centralized financing federation in 1947 replaced the War Fund.

War Fund  
dissolves

The Association over the years has given its support to a policy of federation, both for program and for financing. The Association has moreover long held that the national social hygiene movement was not the only goal needing accomplishment but that the total commonweal must always be considered. Accordingly, if established agencies wished to forward social hygiene by including Association goals in their work, this was welcomed as a desired objective. This policy basically accounts for the great development of the social hygiene program and the national program over the past 34 years without the expenditure of large funds.

We support  
federated  
financing

Working  
with others

Termination of the National War Fund led to demands by local leaders for some yardstick of measurement of diverse causes. As a result, Community Chests and Councils, Inc., created the National Budget Committee. Aim of the Commit-

National Budget  
Committee

tee was to provide orderly review of national agencies and to disseminate information regarding national causes to local communities.

ASHA  
participates

The Association, through its Board of Directors and Executive Staff, appeared with cooperating and allied groups before the National Budget Committee and presented plans and financial needs for 1947. The committee released a report to the communities certifying the program as sound, its financial needs (\$420,000) as reasonable and recommending the Association's inclusion on an equitable basis in community chests, or, in non-chest areas, recommended that contributors support the Association directly.

\$420,000  
budget is  
approved

74 chests in  
29 states  
include ASHA

While 1947 did not show total acceptance of this philosophy by local communities, the Association was a participating agency for 1947 in 74 community chests in 29 states.

Direct  
contributions  
from 7,020  
givers

While the Association sought to obtain its funds during 1947 from community chests or other local, state or national federations—where this proved impractical, direct solicitation by local chairmen or sponsors was undertaken. It is a tribute to the intrinsic program accomplishments and aims of the American Social Hygiene Association that 159 outstanding business and civic leaders in 89 cities or regions of the country asked other leaders for financial support for the Association. Direct gifts were received in this way from 7,020 individuals, 17 per cent more givers than at the previous high point in the Association's history prior to the National War Fund.

USO terminates

The year 1947 marked the corporate end of the United Service Organizations (USO). The Association and the USO worked hand in hand throughout the past six years. For 1947, ASHA and USO had continued this cooperation, the tangible financial results of which are shown in the preliminary financial statement published elsewhere in this report.

Renewed War  
Fund grant

Although the National War Fund ceased fund-raising activities in the fiscal year 1946, the results of state, county and local war funds brought the central agency receipts over budgeted disbursements.

1947 income  
largest in  
ASHA history

The financial statement reveals other sources of 1947 income including an item reflecting the continuation of the mutually profitable association

with the United States Public Health Service. During 1947, under the direction of the Finance Committee, headed by Philip R. Mather of Boston, the Association achieved the largest income in its 34-year history.

However, a third of the 1947 income came from sources which, for 1948, will be non-existent. It is the firm resolve of the Board of Directors to do all in their power to develop greater financial resources so that the Association may broaden its services to meet the needs, thus conforming to the aims fixed by founders in 1913.

Future prospects

### World-Wide Service

The Committee on International Relations and Activities, endeavoring to meet so far as possible the demands for information, advice and materials coming from all parts of the world, has continued to supervise the operation of the Liaison Office for International Social Hygiene Agencies and Activities, and to provide staff and facilities for the Regional Office for the Americas of the International Union against the Venereal Diseases. Dr. Snow, as Union President, and the Regional Office Director attended the Union's first postwar General Assembly in Paris in October, and visited also England, Belgium, Denmark, Holland, Norway, Sweden and Switzerland to confer with workers in those countries. Mr. Bernard H. Flurschheim, as Treasurer of the International Union, visited most of the countries in South and Central America during the year, to stimulate social hygiene activities.

Information sent  
57 countries.  
Itineraries and  
program-  
planning  
supplied 40  
distinguished  
foreign visitors.

Field visits to  
25 countries

Representation was also arranged at a number of other international meetings, including the Second Pan American Conference on Health Education; and Twelfth Pan American Sanitary Conference, Caracas; Congress of the International Council of Nurses, Atlantic City; Congress of the International Abolitionist Federation, Brussels; Fifth Annual Meeting of the United States-Mexico Border Public Health Association, San Diego-Tijuana; Joint Meeting of the State and Provincial Health Authorities and Canadian Public Health Association, Quebec; Triennial Meeting of the International Council of Women, Philadelphia; Second General Conference of UNESCO, Mexico City; and two Regional Conferences of the U. S. National Commission on UNESCO at Philadelphia and Denver.

Participation in  
10 international  
conferences



Materials sent 61 international and national agencies

Contact is regularly kept with and information provided for a large group of international agencies or international units of United States agencies, both voluntary and official.

Served 50 groups in liberated and occupied countries

Provision of the JOURNAL OF SOCIAL HYGIENE, books, pamphlets, and other informational materials through the U. S. State Department's 50 Information Centers and Libraries in liberated countries, and similar agencies, including German and Japanese "youth activity" groups, operated by the U. S. Army in occupied countries, has constituted another important service. A study of the future needs of these and other agencies is being made by the Liaison Office staff.

Liaison with 20 members of UN Secretariat, ECSOC and two UN Specialized Agencies

An important Committee service has been furnished through liaison with the staffs of the United Nations Department of Social Affairs and the Department of Public Information. Special assistance was provided in arranging for the United Nations to take over League of Nations' responsibility for international traffic in women and children, a committee member (Mr. Bascom Johnson) serving as Chairman of the United States "working party" on this problem. Regular liaison and service have been maintained also with the Social Commission and the Temporary Social Welfare Committee of the UN Economic and Social Council, and with the UN Specialized Agencies, the World Health Organization Interim Commission and UNESCO.

### Forward into 1948

With the above record and all of its previous work to build upon, the Association goes forward into 1948 with confidence in its mission and in the support of all public-spirited citizens. There are in the Association's various activities opportunities for service by everyone. Everyone everywhere is urged to join in working toward the objectives of social hygiene as defined by President Eliot and the other pioneer founders of the American Social Hygiene Association. Thus shall we insure that the progress recorded in 1947 shall be made permanent as we march forward together toward our greater goals.

# FINANCIAL STATEMENT FOR 1947

NET WORTH LESS ADJUSTMENTS—January 1, 1947..		\$46,147.35
INCOME—January 1 to December 31, 1947		
Contributions .....	\$327,680.45	
Membership dues and subscriptions to JOURNAL OF SOCIAL HYGIENE .....	4,460.64	
Income from books, pamphlets, films and other materials .....	9,271.79	
United States Public Health Service and other projects .....	37,666.66	
Miscellaneous income .....	1,021.87	
<i>Total Income for 1947</i> .....	<i>\$380,101.41</i>	
EXPENSE—January 1 to December 31, 1947		
Public Information and Community Service.....	\$ 60,395.24	
Law Enforcement and Social Protection.....	1,882.98	
Medical and Public Health Activities.....	6,351.32	
Educational Activities .....	5,512.92	
Field Services .....	50,830.73	
U.S.P.H.S. and Other Projects.....	37,666.66	
Special Projects * .....	73,560.34	
Publications Service .....	5,228.43	
Committee Activities .....	30,131.21	
Administration .....	43,490.71	
<i>Total Expense for 1947</i> .....	<i>\$315,050.54</i>	
MARGIN OF INCOME OVER EXPENSE FOR 1947.....		\$ 65,050.87
ASSETS:		
Cash, including revolving funds and petty cash...	\$110,117.70	
Advances for travel and services.....	1,622.80	
Accounts Receivable .....	2,531.68	
Securities .....	6,997.50	
William Freeman Snow Medal Fund.....	361.13	
<i>Total Assets</i> .....	<i>\$121,630.81</i>	
LIABILITIES:		
Accounts Payable .....	\$ 5,419.92	
Accrued Expense .....	5,012.67	
<i>Total Liabilities</i> .....	<i>10,432.59</i>	
NET WORTH—December 31, 1947.....		\$111,198.22

\* Including field studies of prostitution and related conditions in states and communities, Youth Service, Social Hygiene Day, Industrial Cooperation, Public Health and Medical Projects, Education and Community Action Projects, and International Activities.

## EXPENDITURE BUDGET FOR YEAR 1948

Functions or Projects	
1. Public Information and Extension.....	\$ 82,260.00
2. Law Enforcement and Social Protection.....	49,490.00
3. Medical and Public Health Division.....	9,480.00
4. Educational Division .....	10,090.00
5. Field Services .....	75,870.00
6. Special Projects .....	41,360.00
7. Publications and Educational Materials.....	24,000.00
8. International Activities .....	25,000.00
9. Committee Activities .....	29,080.00
10. Administration .....	48,370.00
11. Contingent Fund .....	5,000.00
<i>TOTAL</i> .....	<i>\$400,000.00†</i>

† This budget has been approved by the National Budget Committee of Community Chests and Councils. The Association is approved by the National Information Bureau.

STAFF OF THE AMERICAN SOCIAL HYGIENE ASSOCIATION  
as of December 31, 1947

EXECUTIVE DIRECTOR

Walter Clarke, M.A., M.D., F.A.C.P.

Miriam English Doll, *Administrative Assistant*

May Sironen, *Financial Assistant*

Jeannet Stern Brodbeck,\* *Secretary*

SENIOR LEGAL CONSULTANT\*

Bascom Johnson, A.B., LL.B.

EDITOR—JOURNAL OF SOCIAL HYGIENE AND SOCIAL HYGIENE NEWS

Jean B. Pinney

FIELD STAFF

Robert R. Dansie, B.A., LL.B.

Louis E. Evans, A.M.

Edna M. Geissler, M.A.

Mebane Hunt Martensen

Dorothy E. Powell

Josephine Abbott Sever, M.A.†

FIELD CONSULTANTS

Wayne Anderson, M.A.

Harriet S. Cory, M.D.

Roy E. Dickerson, LL.B.

Jacob A. Goldberg, Ph.D.

Ford Higby, M.A.

P. K. Houdek, M.A.

George J. Nelbach

G. G. Wetherill, M.D.

HEADQUARTERS DIVISIONAL STAFF

DIVISION OF EDUCATION AND PUBLIC  
HEALTH

Walter Clarke, M.A., M.D., F.A.C.P.,  
*Director*

Mabel Grier Leshner, M.A., M.D.,  
*Consultant*

Betty A. Murch, *Assistant Director*

Jeannet Stern Brodbeck,\* *Secretary*

DIVISION OF LAW ENFORCEMENT AND  
SOCIAL PROTECTION

Paul M. Kinsie, *Director*

Thomas A. Larremore, M.A., B.A.  
(Music), LL.B., *Consultant*

Fay Schlossberg, *Secretary*

DIVISION OF MEMBERSHIP AND FINANCE

J. Patrick Rooney, A.B., M.S.S.W.,  
*Director*

Dorothy Homan, *Secretary*.

DIVISION OF PUBLIC INFORMATION AND  
EXTENSION

Eleanor N. Shenehon, M.A., *Director*

Esther Emerson Sweeney, R.N., *Associate Director*

Dorothy Loeb Millstone, A.B., *Assistant Director*

Fanny Green, *Secretary*

LIAISON OFFICE FOR INTERNATIONAL SOCIAL HYGIENE AGENCIES AND ACTIVITIES

(Under the auspices of the Committee on International Relations  
and Activities)

JEAN B. PINNEY, *Director*

JOSEPHINE V. TULLER, *Assistant Director*

AIKO L. YOSHINAGA, *Secretary*

\* Part time.

† On temporary leave of absence.



## VENEREAL DISEASE IN ONE WORLD \*

J. R. HELLER, JR., M.D.

*Medical Director, and Chief, Venereal Disease Division, U. S. Public Health Service, and a Technical Counselor of the International Union against the Venereal Diseases*

The person with venereal disease, with relatively few exceptions, is a casualty of indiscriminating sexual behavior.\* The chain of infection lengthens with the opportunities for travel. On the basis of sex behavior data soon to be made public and international travel data currently available, it is estimated that at least two billion occasions arise annually in which persons in one land might be infected by persons of another. Quarantine as a control device in this age of accelerated travel is no more effective than a moat and castle wall as a blockade against modern armaments.

Consequently, the problem before this group today is, how can existing and potential world facilities for control be mobilized to cope with an infection whose opportunities for spread are implemented by constantly shifting populations and the incredible speed of modern transportation?

The history of the spread of syphilis has been a history of the carrying of infection from one land to another by explorers, warriors, and other travelers. Centuries ago, tradition and history tell us, syphilis, transported across oceans and across continents, swept through populations, sickening and ultimately maiming, crazing or killing thousands of its victims.

Centuries ago the pathogenic organism of syphilis had but the most primitive modes of transportation to convey it from population to population. Today, syphilis can travel from a populous center of one continent to the metropolis of another in a few days. The U. S. Civil Aeronautics Board states that shortly there will not be an important city on this earth that will be more than 60 hours distant from any other city in the world. It is therefore apparent that today virtually no community in the world is safe from syphilis if infection exists in any other community.

Experts believe that in the very near future international travel will exceed any pre-war record, and that an ever-growing proportion of travel by air will completely nullify the usefulness of quarantine in venereal disease control.

It is so clear that venereal disease control has become, and will become increasingly an international health problem, that I shall dwell on the point no longer, and turn, instead, to consideration of some measures that may be taken to meet the problem.

\* The text of this report to the General Assembly is included here for the special interest of JOURNAL readers in the United States and elsewhere who are not familiar with French, in which language Dr. Heller's paper will appear in the official *Assembly Proceedings* of the International Union against the Venereal Diseases.

Much of the impetus, knowledge and inspiration upon which was based the extensive venereal disease control program now in effect in the United States came from this very Union. The early improvements in our serologic tests came from conferences held in Europe and South America. Treatment schedules for syphilis were perhaps pushed further ahead by conferences such as this than by any other factor subsequent to Ehrlich's discovery. This indicates that the health authorities of many nations can pool their knowledge and resources and thereby greatly enlarge the success of all in combating venereal disease.

Perhaps the best contribution the United States might offer to this group is the result of its experience in dealing with 53 autonomous health departments. It may be applicable to international venereal disease control because there is some analogy between the 53 autonomous health jurisdictions of the States and Territories of the United States and the autonomous health authorities of the nations of the world.

I should like to present for your consideration the philosophy upon which are founded all venereal disease control efforts in the United States, and to describe to you briefly how this philosophy has been translated into an active program.

In our program we have tried three methods in the main by which the spread of venereal disease can be reduced:

1. By reducing the opportunities for infection through indiscriminate sexual intercourse, by means of moral suasion, public education and the law.
2. By reducing, through prophylaxis for selected groups, the number of new infections that result from indiscriminate sexual exposure.
3. By reducing the number of sources of potential new infection through early detection and treatment.

Efforts have been made during recent years to employ all three methods but there is an increasing belief that the most promising, the most immediately practical method, is the third—that of early detection and treatment.

The development of rapid, intensive methods of treating both syphilis and gonorrhea with penicillin has renewed the hope and conviction of Ehrlich that these diseases can be controlled.

Two particularly significant developments have followed the introduction of intensive treatment in our Venereal Disease Control Program:

First was the establishment of a nation-wide network of rapid treatment facilities, including 34 hospitals devoted exclusively to the treatment of venereal disease, and many hundreds of beds contracted for in general hospitals for this purpose. Today the use of rapid treatment schedules on an out-patient basis is being explored. Venereal disease patients now are being treated in these facilities at a rate of 180,000 patients per year.

The centers have become standard equipment in the U.S.A. Venereal Disease Control Program. They are specialized hospitals, operated by States and communities, affording confirmation of diagnosis and in-patient treatment for syphilis and gonorrhea with complications. The distribution of the hospitals reflects local needs. In some States as many as three separate and complete hospitals are required. In others, general hospitals provide sufficient space at a stipulated cost per patient day.

With the advent of the rapid treatment center, the 3,000 out-patient venereal disease clinics have tended to become diagnostic and referral centers for syphilis, and treatment centers for uncomplicated gonorrhea. In areas where a rapid treatment center or its equivalent service is available, this is wholly desirable and has been encouraged. The reasons are threefold: treatment services consolidated in a well-equipped hospital are less expensive and more efficient; treatment of patients for eighteen to twenty-four months was eliminated through the introduction of intensive therapy, and hence the wide dispersion of clinic treatment and case holding facilities for syphilis no longer is necessary; and finally, treatment in the rapid treatment center has permitted health departments to divert the money and energy spent in the clinics to the important problem of case finding.

Concentration of treatment facilities in specialized hospitals has made it necessary to provide patient transportation to and from the center. Some health departments maintain scheduled bus services from outlying communities to the diagnostic and treatment centers. Others pay the patient's fare to and from the center where indicated, utilizing public facilities.

The second major development is the intensive search for new case-finding methods wherein populations of entire communities or important portions of the populations of the community are examined for evidence of venereal disease infection.

This development in the Venereal Disease Control Program of the United States, which may have particular interest to those in charge of control efforts in other nations, is based on the venereal disease case-finding methods we have tried. For convenience we have called these "demonstrations," although they have been simultaneously investigative in nature.

In terms of accelerated case finding, the first nine demonstrations found 1,287 cases of primary and secondary syphilis in the areas covered—or six times the normal rate of case finding; they found 27,520 cases of previously untreated syphilis—or twenty-eight times the normal rate of case finding; they found 12,477 cases of gonorrhea—or nine times the normal rate of case finding.

Among the facts which have been disclosed by these demonstrations, the following stand out especially:

1. Large numbers of persons can be persuaded to come in for a blood test—with or without a law as an impellent.



2. It is possible to set up laboratories to handle mass blood testing involving up to 300,000 tests in one 45-day program.
3. Given the facts regarding venereal disease, people are able to decide whether or not they might be infected, and persons who think they are infected will seek diagnosis.
4. Education and publicity have been effective in helping individuals to determine the possibility of their need for diagnosis and treatment to the extent that two out of five persons who suspected infection were found to have venereal disease.

Laboratories serving the Venereal Disease Control Program are usually operated by the State health departments, with Federal financial assistance, making the following services freely available to all:

1. Serologic tests for syphilis—both qualitative and quantitative.
2. Spinal fluid tests.
3. Darkfield examination.
4. Smears and cultures for gonorrhea.

Any laboratory, upon request, is given assistance in meeting the accepted standards of laboratory procedure. This assistance consists of:

1. Providing participating laboratories with serum specimens to be tested and reported to the U. S. Public Health Service for purposes of comparative evaluation. Results of the evaluation with recommendations are then returned to the participating laboratories. When the comparative evaluation would seem to indicate that a laboratory is not up to standard, it may call for assistance from the central laboratory;
2. Preparing and distributing standardized serologic reagents, upon request, to any laboratory.

Our development and use of records are of particular importance in epidemiologic reports—especially the contact reports.

Records serve two purposes: they provide administrative personnel with data for direction of the program, and they facilitate operation. The basic records apply to morbidity, contact and suspect referral, diagnosis and treatment. Aside from their purely operational necessity, they indicate groups and areas of high incidence and prevalence, thus locating the problem and providing data for directing control measures; they report activities, permitting evaluation of effort; and they provide information for reports to legislative bodies and the public, thus providing a basis for allocation of funds.

Because of the migrant nature of the population and the forty-eight separate jurisdictions within the United States, epidemiologic reports of the various agencies (State and local health departments, Army, Navy, Veterans Administration, Coast Guard, Immigration Service, etc.) have been made sufficiently uniform as to content, so as to provide comparable data at any phase in the control operation.

I should like to remind you at this point that with the possibility of two billion occasions for the transfer of venereal disease from country to country in any one year, the need for dynamic action in venereal disease control on a global scale is *now*. We know that there is a big problem everywhere. The exact extent of it does not seem so important to me as what measures we are going to take *now* to do something about it.

We might select one or more of the major port cities where venereal disease is an important problem and attempt to set up there a control mechanism incorporating all of our best thinking and pooled information on case-finding diagnosis, treatment, epidemiology and contact referral. This activity would provide us with the ammunition to enlist the help of all nations, any one of which is in danger of infection from an uncontrolled area.

The countries interested in this experiment might each assign to it some of their brilliant and forward looking personnel in the laboratory, medical, nursing and epidemiologic fields so that this joint experience and its success would be reflected in their thinking and work after its completion. If we join together in this enterprise we could together appraise the methods by which infection is spread from one area to another. We could find out how it is perpetuated within a geographic group and by preventing the extension of infections brought from the outside as well as curtailing the speed with which infections are spread from within, prevent the economic losses and individual misery of venereal disease in our experimental area.

This approach has, to my knowledge, never been tried on an international basis. It is true that all of us have contributed toward the control of infection among the world's merchant marine in a somewhat more systematic way than with respect to other international groups. My agency has attempted during the past few years to provide contact reports to other nations in cases where a venereal infection discovered in the United States involved the hazard of an infection abroad. Further, the nations of the world under the guidance of your society, among others, have taken some forward steps in joining together the thinking of experts in different countries, but we have never undertaken to bring to bear all the elements of control in an actual operating program in which the experimental area receives a benefit and each nation has a stake and an interest in the gains to be made.

If you approve of this program in principle I wish to recommend that before the close of these sessions, we formulate a plan for putting it into operation. We should determine where the control program should be undertaken, what personnel, equipment, supplies and facilities would be required, and how much money would be needed to finance the first year of operation. I further recommend that when the program has thus been formulated this Union present it to duly constituted international health organizations with a strong plea for its immediate adoption.

## NATIONAL EVENTS

ELEANOR SHENEHON

*Director, Division of Public Information and Extension  
American Social Hygiene Association*

**U. S. Army Emphasizes Role of Character Building and Moral Responsibility in Venereal Disease Control.**—In line with previous successful experience, particularly during the past year in the military training project at Fort Knox, Kentucky, the U. S. Army has recently directed new emphasis towards the necessity for character building and moral responsibility of the individual in the effort to keep venereal diseases at a minimum among the armed forces. Surgeon General Raymond W. Bliss said recently of this new program: \*

“At this time there is a well rounded educational program which includes the following tenets:

1. Stress of the moral reasons for avoiding exposure to venereal disease rather than the methods for avoiding the consequences.
2. The reason for self-denial, urged upon him, is to be found in his own enduring happiness as well as in the welfare of society of which he is a member and which he will want to serve with honor and distinction.
3. As leaders and officers we must develop in military personnel character, moral stamina, and good citizenship to the best of our ability.
4. And last but not least is fresh emphasis on self-control, self-discipline, the worth of right conduct, the dignity of man, clean living and its rewards, the obligation of the soldier to his family and the nation.”

Describing methods used to build the program, General Bliss stated:

“We now have the Army Venereal Disease Control Council, consisting of the Director of Personnel and Administration as Chairman, the Inspector General; the Surgeon General; Chief, Public Information Division; Chief of Chaplains, Provost Marshal General, and representatives of the Secretary of the Army Air Forces and Army Ground Forces. These councils are established and have similar representation at all military installations down to and including posts, camps and stations. They represent a venereal disease control team, and place the control of venereal disease in the hands of all agencies of the Department of the Army, with the Commanding Officer having the overall responsibility. It makes it everybody's business. These councils have accomplished much in the establishment of our present program. From the meetings of those councils has emerged a well-rounded and integrated program.”

To implement the new program General Dwight D. Eisenhower, Chief of Staff issued on August 20, 1947, the following directive:

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\*At the meeting of the Advisory Council to the Army's Women's Interest Unit, Washington, December 9, 1947. An Army news release of February 28, 1948, stating that the incidence of venereal diseases had decreased 40 to 50 per cent since January, 1947, said: “The training methods now being used so successfully are the result of studies made in 1946 when the venereal disease rate in the Army, running parallel with civilian rates, reached its highest peak during the entire war period.”



*Circular*  
No. 227

WAR DEPARTMENT  
WASHINGTON 25, D. C. 20 AUGUST, 1947

**IV. VENEREAL DISEASE CONTROL.—1. Command responsibility.—a.** The responsibility for venereal disease control rests with the commander. Within the War Department the representative of the Chief of Staff is the Director of Personnel and Administration, who, with the aid of the War Department Venereal Disease Control Council, of which he is the chairman, is specifically charged with the initiation, administration, and supervision of the Army venereal disease control program. Responsibility for venereal disease control must remain in command channels; members of special staffs will be utilized only as technical advisors for that part of the program of venereal disease control specifically allied to their normal functions and responsibilities.

**b. Commanders will—**

- (1) Impress moral responsibility and encourage strong self-discipline in officers and enlisted men of their command. Special attention will be given to the elimination of officers and noncommissioned officers who, by the example of their private lives, undermine discipline and respect for command. Ample authority for dealing with such undermining influences will be found in the Articles of War, through reclassification procedures (AR 605-230) and through proper evaluation of the efficiency of the individual.
- (2) Support measures to repress prostitution (see AR 600-900).
- (3) Establish appropriate controls on the sale of liquor to all military personnel.
- (4) Support measures to reduce the civilian reservoir of infection by cooperation with the civilian authorities. The integration of civil health and law enforcement programs with the War Department's program is primarily the function of the army commanders in the continental United States. In oversea areas this responsibility rests with the theater, department, or separate base commander.
- (5) Restrict military personnel infected with venereal disease to the unit areas for a minimum of 30 days, and, on recommendation of the surgeon, up to 90 days after the completion of treatment in order to diminish the chance of relapse or early reinfection and to insure, in the case of gonorrhea, that a coexisting syphilitic infection has not been masked by the treatment for gonorrhea. Individuals infected with venereal disease will not be evacuated to the zone of interior until 30 days have elapsed following completion of treatment. Exceptions to this working quarantine may be made only for medical reasons and when extreme hardships will result.
- (6) In recommending the promotion of individuals and in the preparation of efficiency reports of officers, take cognizance of repeated infections of venereal diseases, intemperance, and similar traits and habits prejudicial to good order and military discipline.
- (7) Restrict passes in the case of irresponsible individuals who repeatedly expose themselves to the risk of venereal disease. The granting of passes is a privilege and not a right and should be a reward for good conduct.
- (8) Give consideration to the separation from the service, under the provisions of existing Army Regulations and directives, of individuals who demonstrate undesirable habits and traits of character including the *repeated* incurrence of venereal disease.
- (9) Emphasize and take a personal interest in athletic and other recreational programs in which a majority of the personnel of the command participate regularly.

**c.** Fresh emphasis will be placed on the development of good leadership and upon the moral, spiritual, and psychological approaches to the problem. Commanding officers will take necessary measures to promote discipline and self respect in all military personnel. Commanders of all grades will note that the example and precept of their own conduct are of fundamental importance in maintaining high standards of personal conduct among members of their command.

2. *Venereal disease control indoctrination.*—To assist the subordinate commander in carrying out his responsibility in controlling venereal disease, commanders of major commands will conduct appropriate indoctrination of personnel along the following general lines:

a. An indoctrination team (or teams) should be formed from staff officers of the headquarters concerned to conduct indoctrination at appropriate places within the command in order that all officers and key noncommissioned officers of the command may be properly indoctrinated.

(1) Members of the Venereal Control Councils, special services officers, chaplains, troop information and education officers, provost marshals, surgeons, subordinate commanders and their staffs, and key noncommissioned personnel should be indoctrinated by the team.

(2) At the completion of indoctrination, the material used by the team (teams) should be furnished to subordinate commanders in order that they may conduct similar indoctrination for their commands. This material should include an outline of instructions and methods of presentation and should stress the fact that venereal disease control indoctrination is a continuous program of education and instruction and that unit commanders should utilize their key noncommissioned officers who have been indoctrinated for this purpose.

b. The basic guide for use in indoctrination will be the Secretary of War letter, WDAO-C 726.1 (24 Jan 47), 31 January 1947, subject, Discipline and Venereal Disease.

(1) This letter should be explained and discussed with all military personnel attending indoctrination courses.

(2) In addition to explaining this letter, emphasis should be placed on self control, self discipline, the worth of right conduct, clean living and its rewards, the obligation of the soldier to the home, the family, and the nation.

(3) At the conclusion of the formal meetings, members of the indoctrination team should meet with appropriate representatives of the commander (chaplains with chaplains, etc.) to discuss the specific items of this letter and such other matters as they pertain to their own technical problems.

c. Prophylaxis will be mentioned and discussed in a scientific manner, bringing out its limitations. No more than 10 per cent of the time of one lecture should be expended on the subject of prophylaxis. There should be no mass instruction in the details of prophylaxis. Those who desire this information should be referred to a medical officer for consultation.

d. All noncommissioned officers will be indoctrinated with the idea that they have a continuing responsibility for the supervision and guidance of the men with whom they serve, off duty as well as on duty.

e. Present War Department or Navy venereal disease films or film strips will not be utilized in this program.

3. *Female personnel.*—The provisions of this circular will not apply to female personnel.

BY ORDER OF THE SECRETARY OF WAR:

OFFICIAL:

EDWARD F. WITSELL  
Major General  
The Adjutant General

DWIGHT D. EISENHOWER  
Chief of Staff

A feature of the new educational program is the Army's new film, *Miracle of Living*, which is a dramatic motion picture stressing the value of successful marriage and family life, and bringing in venereal diseases as an undermining influence. This film, which is described as one of the most carefully planned and professionally handled pictures ever put out by the Army, is designed for showings to civilians as well as military audiences.\*

\* For further information concerning *Miracle of Living*, including its availability for civilian audiences, please inquire of the Chief Surgeon, Department of the Army, in your Army Area.



**U. S. Navy—Current Directives and Assignments for VD Control.**—Rear Admiral C. A. Swanson, Chief of the Navy's Bureau of Medicine and Surgery, on June 30, 1947 issued the following directives to strengthen and implement the VD program:

BUMED-3213

P3-1/P3-2

30 June 1947

Washington 25, D. C.

*Circular Letter No. 47-88*

*To:* Comdt, All Naval Districts and River Commands.

*Subj:* Venereal Disease Control Officers and Interviewers.

*Ref:*

(a) BuMedCircLtr 45-143, BUMED-Y-rw P3-1/P3-2, dtd 8 June 1945;  
BuMedBull.Circ.Ltrs. 1945.

1. Ref. (a) is hereby cancelled and superseded.

2. Within the past few months there has been a gradual lowering of the venereal rates to 95.8 per thousand per annum. However, this rate is still much greater than at the close of the war. In order to continue this downward trend, the Venereal Disease Control Program in every activity must be strengthened and increased in scope. Increased efforts should be directed toward the small percentage of individuals who repeatedly expose themselves to venereal infection and who, by their conduct and group pressure, adversely influence the behavior of many other individuals who are easily swayed. Health Records should be perused to obtain data in this regard.

3. It is requested that each naval district and river command strengthen its venereal disease control organization by requiring all activities to (a) appoint an officer for additional duty as Venereal Disease Control Officer, and (b) select Pharmacist's Mates for venereal disease patient interviewing. Instruction for these interviewers should be in the form of a short course in venereal disease patient interviewing given by the District Venereal Disease Control Officer or by such other qualified person or method deemed practicable. Emphasis should be placed upon proper interviewing technique, preparation and routing of contact reports and the need for prompt submission of these forms. This procedure has been established in one district with gratifying results.

4. In order that the venereal disease control organization may function efficiently and effectively from the lowest to the highest level, close cooperation must be maintained between the district and all activities within it in regard to venereal disease control. It is the desire of the Bureau that the District Venereal Disease Control Officer make frequent visits to all activities within his district in order that he may become cognizant of conditions and problems therein, and thus give greater assistance to local Venereal Disease Control Officers and Interviewers.

/s/ C. A. SWANSON  
Rear Admiral (MC) USN  
Chief of Bureau



*Circular Letter No. 47-86*

47-584—NavMed 171 (Venereal Disease Contact Report)

BuMed-3213, P3-1/P3-2, 30 June 1947

## ACTION: ALL SHIPS AND STATIONS

- (Ref.: (a) Par. 236.3, line 12, subpar. (b), Manual of the Medical Department.  
(b) Par. 5120, Manual of the Medical Department.  
(c) Par. 12B6.2, Manual of the Medical Department.  
(d) Joint ltr. BuMed-BuPers P3-2/ET12(021-40) (BuMed Circ. Ltr. 41-10), of 25 Mar. 1941: N.D. Bul. Cum. Ed. 1943, 41-2064, p. 1160.  
(e) General Order 238.)

1. Attention is invited to the above references.

2. Many ships and stations are failing to report the serial numbers of NavMed 171 (Venereal Disease Contact Report) on line 12 of the NavMed Fa Card (Statistical Report of Patient), as required by references (a) and (b). Of 1,000 Fa cards recently submitted on venereal-disease admissions to the sick list, 827, or 82.7%, contained no serial number.

3. Many naval activities are not completing NavMed 171 for each patient admitted to the sick list, as required by references (c) and (d). Correct preparation and prompt submission of the venereal disease contact report is an aid in locating infected individuals in the civilian population. A recent report from a State health officer stated that 30% of the contacts reported to them were located and that 69% of this number were infected with a venereal disease. This would indicate that approximately one out of every three contacts reported to this State health department is located and that for each three located at least two are infected. If more complete information had been submitted on our contact reports, a greater percentage of infectious contacts could have been located by local, State, and Federal health officials. The reservoir of venereal disease in civilian communities is reduced and this in turn has a marked beneficial effect on the incidence of venereal disease in the Navy.

4. It is requested that the venereal-disease contact reporting procedures be reviewed and that an effort be made to submit more complete reports.—BuMed. C. A. SWANSON.

Commander Goodman states that contact reporting has improved considerably since the issuance of the directives cited above.

Officers of the Bureau's Preventive Medicine Division and District VD Control Officers currently assigned, are as follows:

Preventive Medicine Division, Bureau of Medicine and Surgery  
Navy Department, Washington, D. C.

Captain O. L. Burton (MC), USN, *Chief, Preventive Medicine Division*  
Commander Rexel Goodman (MC), USN, *Head, Venereal Disease Control Section*  
Ensign J. P. Ray, MSC, USN, *Assistant to Head, Venereal Disease Control Section*

District Venereal Disease Control Officers

First Naval District: Headquarters, 495 Summer Street, Boston 10, Mass. Chief Pharmacist Harold L. Cox, USN.

- Third Naval District:** Headquarters, 90 Church Street, New York 7, N. Y. Lieut. (jg) Carl P. Calhoun, HC, USN.
- Fourth Naval District:** Headquarters, Naval Base, Philadelphia 12, Pa. Chief Pharmacist N. Kozma, USN.
- Fifth Naval District:** Headquarters, Naval Station, Norfolk 11, Va. Chief Pharmacist James Marcello, Jr., USN.
- Sixth Naval District:** Headquarters, Bldg. 4, Naval Base Charleston, Naval Base, S. C. Ensign Charlie C. Caldwell, MSC, USN.
- Seventh Naval District:** Headquarters, Naval Air Station, Jacksonville, Fla. Chief Pharmacist Robert A. Edlin, USN.
- Eighth Naval District:** Headquarters, New Federal Building, New Orleans 12, La. Ensign William H. Chapman, MSC, USN.
- Ninth Naval District:** Headquarters, Naval Training Center, Great Lakes, Ill. Lieut. (jg) Ned B. Curtis, MSC, USN.
- Tenth Naval District:** Headquarters, San Juan, P. R., Navy 116, Fleet Post Office, New York, N. Y. Pharmacist Barney O. Green, USN.
- Eleventh Naval District:** Headquarters, Naval Base, San Diego 30, Calif. Lieut. (jg) Thomas L. Hollis, MSC, USN.
- Twelfth Naval District:** District Medical Officer, 50 Fell Street, San Francisco, Calif. Ensign William S. Anderson, MSC, USN.
- Thirteenth Naval District:** Headquarters, Naval Station, Seattle 99, Wash. Ensign Melvin A. Wooldridge, MSC, USN.
- Fourteenth Naval District:** Headquarters, Pearl Harbor, T. H., Fleet Post Office, San Francisco, Calif. Ensign Joseph A. Kelley, MSC, USN.
- Fifteenth Naval District:** Headquarters, Balboa, Canal Zone, Fleet Post Office, New York, N. Y. Lieut. (jg) Donald R. Gooden, HC, USN.
- Seventeenth Naval District:** Headquarters, Kodiak, Alaska. Chief Pharmacist Adrow Gray, USN.
- Potomac River Naval Command:** Headquarters, Naval Gun Factory, Washington 25, D. C. Chief Pharmacist David T. Short, USN.
- Severn River Naval Command:** Headquarters, Annapolis, Md. Ensign Joseph W. Schurhammer, MSC, USN.
- U. S. Pacific Fleet:** Commander Service Force, U. S. Pacific Fleet. Ensign John W. Ethridge, MSC, USN, with additional duty Commander-in-Chief, U. S. Pacific Fleet.
- U. S. Atlantic Fleet:** Commander Service Force, U. S. Atlantic Fleet. Chief Pharmacist LeRoy (n) Hill, USN, with additional duty Commander-in-Chief, U. S. Atlantic Fleet.

**Medical Social Workers Have New Secretary.**—The American Association of Medical Social Workers, 1129 Vermont Avenue, N.W., Washington 5, D. C., has announced the appointment of Miss Mary Blanche Moss as Executive Secretary. Miss Moss assumed her duties on November 17.

**National Health Assembly Called.**—Federal Security Administrator Oscar R. Ewing has announced that in response to a request of President Truman, a national health assembly is being called in Washington, May 1-4. The object of the assembly is to set up national health goals for ten years, and an executive committee of twenty-four members is establishing discussion panels on all phases of the health problem as a basis for a report and program for cooperation, public and private, national, state, and local.

**National Conference on Family Life.**—Another important coming national event is the Conference on Family Life, to be held at the White House, at President Truman's invitation, May 6-8. One hundred and twenty-five national voluntary organizations, including the ASHA, are now participating in the plans for this meeting which have been developing since 1946.

The program, under the guidance of a Technical Advisory Committee representing a wide range of family problems and interests, is being built up under six general subject headings, including, *Education; Health and Medical Care; Social, Welfare Guidance and Legal Services; Housing, Home Management and Community Planning; Economic Factors, and Interpersonal Relations and Mental Hygiene.*

Administrative headquarters of the Conference are at 10 East 40th Street, New York City, with Mrs. C. H. L. Pennock serving as Secretary, and Dr. Ernst G. Osborne as Program Coordinator. Dr. Ray Lyman Wilbur is a member of the Board of Trustees and Dr. Mabel G. Leshner, ASHA Educational Consultant, is a member of the Technical Advisory Committee.

**The National Conference for Cooperation in Health Education.**—Representatives from twenty member agencies met in Washington on December 12, 1947 at an all-day meeting to discuss the following topics and projects: The production of a handbook listing the role of each member agency in health education; relationships of the voluntary health agencies to the school health program; the classroom teacher in the school health program; and health education for teachers. Dr. H. F. Kilander, who represented the American Social Hygiene Association at this Conference, presented a brief report on the Third Conference on Health in Colleges.

Delegates made plans for a spring meeting, probably early in April. The following officers were elected to serve for a two-year term: Chairman, John L. Bracken; Vice-chairman, Sol Lifson; Secretary-treasurer, Marjorie Craig.

**National Social Welfare Assembly.**—A National Conference on Social Welfare Needs, to enunciate the social welfare needs of the country, was the theme of the Assembly's 1948 Annual Meeting held in Washington, D. C. on January 26 and 27. Representatives of thirty national voluntary organizations took part, as well as many invited individuals and representatives of other organizations. Seven



Commissions which had been working during the previous year reported on social needs and general proposals to meet them. Representing an over-all inventory of the entire country's needs, perhaps the first of its kind, it received wide publicity.

Dr. Robert P. Fischelis, Secretary, represented the ASHA at the Conference. Robert E. Bondy is Director of the National Social Welfare Assembly which has its headquarters at 1790 Broadway, New York 19.

Officers elected were Fred W. Ramsey, reelected President; Vice-presidents, Mrs. Leonard H. Bernheim, Dr. Kendall Emerson, Mrs. Samuel C. Harvey, G. Howland Shaw; Secretary, Helen Walton Leovy; Treasurer, G. Warfield Hobbs III.

**American Medical Association Scientific Assembly.**—The First Interim Session of this Association was held in Cleveland, Ohio, January 5-8, with over four thousand people registered. As a part of the Scientific Exhibit, Dr. Walter Clarke, ASHA Executive Director, in cooperation with Dr. Robert N. Hoyt, Secretary of the Cleveland Social Hygiene Council, presented material on *The Prevention of Venereal Diseases*, with the following aims: "A rounded concept of prevention of syphilis and gonorrhea including medical, social and educational aspects . . . points out that the 'find 'em and treat 'em' plan is not enough, and emphasizes the need to deal with sexual promiscuity, which is the usual method of spread of infection." A feature of the exhibit was a graphic presentation of an actual epidemiologic investigation, with indication of what might have been done at various points to prevent transmission of syphilis or gonorrhea.

**Association of State and Territorial Health Officers.**—This group met in Washington during the first week of December for their forty-sixth annual conference with the Surgeon General of the U. S. Public Health Service, and the Chief of the U. S. Children's Bureau. Also attending were state mental health authorities and representatives of the State Hospital Survey and Construction Agencies. Federal Security Administrator Oscar R. Ewing addressed the opening session.

Officers were elected as follows:

President, Dr. Vlado A. Getting of Massachusetts; Vice-president, Dr. L. R. Cleere of Colorado; Secretary-treasurer, Dr. L. E. Burney of Indiana; Dr. P. E. Blackerby of Kentucky and Dr. F. C. Beelman of Kansas were elected as new board members.

**National Health Council Holds Twenty-eighth Annual Meeting.**—The challenge to the Council and all health agencies was stressed by Bailey B. Burritt, Executive Director, at its luncheon meeting on February 17, 1948 at the Hotel Roosevelt, when he said that 40,000,000 persons in this country are without adequate public health services. Ways proposed for meeting this lack were discussed in a talk by the Honorable Oscar R. Ewing, Federal Security Administrator, entitled *Next Steps in Public Health*. One of the pressing needs, he said, is the training of more doctors to relieve a growing shortage. Scholarship grants and subsidization of medical education

were two of the suggestions he outlined. Mr. Philip R. Mather, Council president, introduced the speakers. Officers elected include:

Philip R. Mather, re-elected President; Dr. Ernest L. Stebbins, re-elected Vice-President; Dr. Haven Emerson, Treasurer, replacing Timothy N. Pfeiffer who has resigned; Dr. Franklin M. Foote, Assistant Treasurer (a new office); and Dr. Reginald M. Atwater, re-elected Secretary.

### New Officers for National Agencies

**U. S. Veterans Administration.**—Dr. Paul Magnuson replaces Dr. Paul R. Hawley as Medical Director. The latter has been named chief executive officer of the national organization of Blue Cross hospital service plans and Blue Shield medical-surgical plans. Dr. Magnuson has been closely associated with the VA's Department of Medicine and Surgery since its inception, January, 1946.

**National Organization for Public Health Nursing.**—Anna Fillmore, R.N., has succeeded Ruth Houlton, R.N., who had held the position since of General Director since 1942. Miss Fillmore had been with the Visiting Nurse Service of New York since 1940; previously she held positions with the Bureau of Public Health Nursing in Utah and the American Nurses Association of New York.

**National Tuberculosis Association.**—Dr. James E. Perkins, formerly deputy commissioner of health, New York State Health Department, became Managing Director, succeeding Dr. Kendall Emerson, who retires after twenty years of service.

### Current Events and Dates Ahead

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|--|--|
| April 4-11   | <b>National Negro Health Week.</b> Special objective for 1948 is A Practical Health Program for Myself and My Family. For information and supplies write Dr. Roscoe C. Brown, Chief, Office of Negro Health Work, United States Public Health Service, Federal Security Agency, Washington 25, D. C. For information on observances in local communities, please contact State, county or local health department. |
| April 5-7<br>Radisson Hotel<br>Minneapolis,<br>Minnesota | <b>National Society for the Prevention of Blindness, 1948 Conference.</b> For information regarding program address the Society at 1790 Broadway, New York 19, N. Y.   |
| April 5-7<br>El Paso, Texas                              | <b>National Sheriffs' Association.</b> The 1948 Convention will have as one of its themes, <i>The Role of the Junior Deputy Sheriff in Delinquency Prevention</i> . For further details write the Association at 715 Transportation Building, Washington 6, D. C.  |
| April 11-17  | <b>National Public Health Nursing Week.</b> For further information including a special kit of materials, write the National Organization for Public Health Nursing, 1790 Broadway, New York 19, N. Y.   |
| April 17-23<br>Atlantic City,<br>New Jersey              | <b>National Conference of Social Work.</b> The 75th Anniversary Meeting of this important group. For conference and program information address the Conference, 82 North High Street, Columbus 15, Ohio. Application for hotel accommodations should be mailed to the Housing Bureau, 16 Central Pier, Atlantic City, N. J.  |



## NOTES ON LAWS AND THEIR ADMINISTRATION

PAUL M. KINSIE

*Director, Division of Legal and Social Protection  
American Social Hygiene Association*

### IN THE U. S. CONGRESS

Soon after the 80th Congress convened Congressman Javits of New York introduced a bill of social hygiene significance. The bill—H.R. 4646—authorizes an appropriation of \$50,000,000 for the fiscal year ending June 30, 1949, to be used to assist the states in efforts to provide for the health and development of the youth of the Nation, and to combat the spread of juvenile delinquency.

The bill further authorizes the Federal Security Administrator to act as administrator and to give approval to any state or local youth program which fulfills certain specified conditions. The state or political subdivision thereof must participate financially in the youth program, and provide for services in effective programs designed to prevent juvenile delinquency and to improve the health of youth. Such programs normally, the bill further states, should include "recreational and educational facilities and opportunities" and "opportunities for individual physical, mental and psychiatric examinations and health service, vocational training projects and other various projects in schools, hospitals, camps and other institutions."

H.R. 4646, introduced on December 5, 1947, was referred to the Committee on Education and Labor.

Another bill to be submitted to the Congress is to be known as the LOCAL PUBLIC HEALTH ACT OF 1948. It was proposed by the Association of State and Territorial Health Officers. Its purpose is to assist the states in the development and maintenance of local public health units. It points out that at present more than 40 million persons live in areas not served by local public health units and less than ten million reside in areas served by units which meet basic numerous public health standards. Many areas cannot support local public health units properly staffed and equipped, and it is the purpose of this act to develop and maintain public health units organized to provide basic full time public health services in all areas of the United States.

To carry out this program for the fiscal year ending June 30, 1949, an appropriation of the sum of \$78,000,000 will be needed. The moneys appropriated are to be used for making payments to states which have submitted plans approved by the Surgeon General of the United States Public Health Service.

Efforts also are being made to introduce before the U. S. Congress premarital and prenatal bills for the **District of Columbia**. The bills which are being drafted will correspond in the main with the California Premarital Examination statute and the New Jersey Prenatal Examination law.



## IN THE STATE LEGISLATURES

Nine state legislatures are or will be in regular session this year. A prenatal bill will be introduced in **Arizona** and premarital bills in **Texas** and **Louisiana**.

In the **New York** State Legislature Senate Bill 1111 to amend the education law, to create a board for certification and registration of professional psychologists was introduced by Senator Thomas Desmond.

The bill, drafted by reputable psychologists of the State through their professional organizations, requires that psychologists be certified. It provides that no certificates be issued to anybody in the profession who has not completely suitable college and graduate training, plus one year of practice in psychology. Practicing psychologists with sufficient practical experience, but who do not meet newly-established academic requirements, will be permitted, however, to qualify for certificates.

BILL 1067 to establish a court exclusively for girls from sixteen to twenty-one years was introduced before New York State legislators by Senator MacNeil Mitchell. This bill, which has the backing of many voluntary social agencies, was drafted by Magistrate Peter M. Horn and is designed to broaden court jurisdiction so that teen-aged girls can be given needed attention or redirection.

It also provides an opportunity to legalize the present practice of the New York City Police Department of placing in protective custody teen-age girls adjudged to be in need of protection, without first having to apply for a warrant.

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**Josephus Daniels**

With his death on January 15, at 85, one of the oldest and staunchest friends of social hygiene drops out of the ranks. From World War I, when, as Navy Secretary he strongly supported the program to protect youth, whether in war or peace, from VD and prostitution, up to the time, when, a few days before he died, as Editor-in-Chief of the *Raleigh News & Observer* he saw his last edition roll off the presses, he saw straight and hit hard in behalf of right thinking and clean living.

As pioneer, crusader and friend we shall miss him.

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## WORLD NEWS AND VIEWS

### EXCERPTS FROM A SUMMARY REPORT

#### PROCEEDINGS OF THE FIRST POSTWAR GENERAL ASSEMBLY, INTERNATIONAL UNION AGAINST THE VENEREAL DISEASES

PARIS, FRANCE, OCTOBER 20-25, 1947

The First Postwar General Assembly of the International Union against the Venereal Diseases, which took place in Paris in October, 1947, was the sixteenth event of this character. Organized in 1923, a chief objective "to serve as a coordinating agency between the various national societies . . . and to encourage in each country, in cooperation with the national organizations, all the preventive measures, both health and moral, of a nature promoting the campaign against the venereal diseases" . . . the Union held its first General Assembly in Paris in 1925. From then on until the 1939 Assembly was held in Liege, Belgium, just as war cut the lifelines between nations, these meetings regularly brought together, for exchange of views and planning of action, representatives of the more than 60 agencies from nearly as many countries which made up the Union's prewar membership.

At the 1947 meeting, the group was understandably smaller. Transportation difficulties, an unavoidable last-minute change in meeting-place, and other obstacles prevented representation from any countries and groups which otherwise might have taken part. Under the circumstances fifty delegates from nineteen countries and five international agencies, with many other groups and countries sending messages of interest and encouragement and suggestions for the Union's work, seemed an excellent showing.

It was a satisfactory meeting also in other respects than that of the representative attendance. The sessions, though enlivened by vigorous discussion of the various reports and agenda topics, were marked by unity of purpose and rapid agreement as to desirable action in attacking present-day problems, as expressed in the series of *Resolutions* presented by the Drafting Committee at the Assembly's end. (See pp. 137-40.) There was enthusiasm. There was evidence that hard work in the two years since war, even in some of the most sorely beset European areas, had begun to get good results. Best of all, as old and new friends worked and talked together, there was a welding of the kind of comradeship which builds real cooperation.

The full *Proceedings of the 1947 General Assembly* are being published in the French language by the Union's Secretary-General, Dr. André Cavaillon, and will shortly be available for limited distribution in the United States. Meanwhile, the JOURNAL OF SOCIAL HYGIENE takes pleasure in presenting some excerpts from the *Summary Report* which was prepared in English for special distribution.

EDITOR'S NOTE: The full text of the Summary Report, 48 pages, may be secured from the Union's Regional Office for the Americas, Room 1404, 1790 Broadway, 40 cents per copy. (Postage outside the United States 10 cents additional.)

## DELEGATES TO THE 1947 GENERAL ASSEMBLY

### Representing National Member Agencies and Programs

#### BELGIUM

- DR. LEON DEKEYSER, Vice President IUVD  
DR. P. VAN DE CALSEYDE, Director-General of the Ministry of Public Health  
and of the Family, and Secretary of the High Council of Hygiene

#### BULGARIA

- DR. STOYANOFF, of the Ministry of Public Health

#### COLOMBIA

- DR. G. GOMEZ HURTADO, formerly Venereal Disease Director, National Ministry of Health

#### DENMARK

- DR. H. BRUN-PEDERSEN, President of the Danish Association against Venereal Disease, and Assistant Secretary-General of the IUVD

#### FINLAND

- DR. YRJO V. SALMINEN, Secretary of the Finland League against Venereal Disease

#### FRANCE

- DR. ANDRÉ CAVAILLON, Secretary-General IUVD, and Director-General, Ministry of Public Health  
PROFESSOR H. GOUGEROT, President of the French Society of Prophylaxis and IUVD Technical Counselor  
DR. SICARD DE PLAUZOLLES, National French League against Venereal Disease  
PROFESSOR LEVADITI, Alfred Fournier Institute  
MED. GENERAL JAME, of the Ministry of War  
DR. P. LAVOINE, of the Ministry of Public Health  
DR. H. SAUTTER, Chef du Cabinet of the Director-General, Ministry of Public Health  
MLLE. MARGUERITE TROUÉ, Administrative Secretary IUVD  
DR. P. VERNIER, Director of Venereal Disease Control, Versailles  
DR. DUREL, St. Lazare  
DR. LEVY BING, of the Ministry of Health

#### GREAT BRITAIN

- MRS. SYBIL NEVILLE-ROLFE, Vice-President IUVD  
DR. ROBERT FORGAN, Central Council for Health Education  
COL. LAWRENCE W. HARRISON, Technical Counselor IUVD

#### GREECE

- PROF. P. PHOTINOS, Professor of the Faculty of Athens, representing the Ministry of Health  
DR. LY. KOPONARIS

#### HOLLAND

- DR. E. H. HERMANS, President Netherlands Union against Venereal Disease, and Vice-President IUVD (also Director Rotterdam Public Health Service) representing also the Red Cross

#### ITALY

- DR. NICOLAS FERROTTI, High Commissioner of Public Health  
DR. GIOVANNI ALBERTO CANAPERIA, Chief of the Cabinet for the High Commission on Hygiene and Public Health  
DR. EMILIO SERVADIO, of the High Commission on Public Health  
DR. GARACI, Assistant to Dr. Canaperia  
DR. FRANCO FLARER, Italian Society of Dermatology and Syphilology



## MOROCCO

DR. G. SICAULT, Director of Public Health and the Family

## PORTUGAL

DR. TOVAR DE LEMOS, Director of the Social Hygiene Clinic

## POLAND

PROFESSOR MARIAN GRZYBOWSKI, President, National Polish League against Venereal Disease, and a Technical Counselor of the IUVD

## SWEDEN

DR. GERDA KJELLBERG, President, Dermatological Society of Stockholm

## SWITZERLAND

PROF. DR. WALTER BURCKHARDT, President of the Swiss Society against Venereal Disease

## CZECHOSLOVAKIA

PROF. KAREL GAWALOWSKI, of the Ministry of Public Health and President, Czechoslovakian Society against Venereal Disease

## TUNISIA

DR. JEAN RAGU, Technical Consultant to the Tunisian Government and Director of the Cassar Center

## UNITED STATES OF AMERICA

DR. WILLIAM F. SNOW, President, IUVD, and Chairman of the Board of Directors, American Social Hygiene Association

MISS JEAN B. PINNEY, Director, Regional Office for the Americas, IUVD, and Secretary, Committee on International Relations and Activities, American Social Hygiene Association

DR. J. R. HELLER, Chief, Venereal Disease Division, U. S. Public Health Service, and Technical Counselor IUVD

DR. LYNNE A. FULLERTON, Chief, U. S. Public Health Service delegation to the U. S. Embassy, Paris

## UNION OF SOVIET SOCIALIST REPUBLICS

PROF. PAVLENKO, Chief of the Delegation, and Professor of General Pathology, Moscow

PROF. PAVLOFF, Chief of the Venereal Disease Clinic, Leningrad, Academy of Medicine

ASSOCIATE PROF. PACHKOFF, Chief of the VD Clinic, Institute of the Perfectionnement Medical

ASSOCIATE PROF. KATCHATOURIAN, Professor of Venereology at Moscow, Institute of Medicine

## Representing International "Technical Counselor" Agencies

## WOMEN'S INTERNATIONAL ALLIANCE

MME. ANDRÉE LEHMANN

## INTERNATIONAL COUNCIL OF WOMEN

DR. SIMONE LABORDE

## LEAGUE OF RED CROSS SOCIETIES

DR. Z. S. HANTCHEF, Director, Bureau of Hygiene

## WORLD HEALTH ORGANIZATION INTERIM COMMISSION

DR. THORSTEIN GUTHE, Venereal Disease Specialist

## UNESCO

DR. I. M. ZHUKOVA, Consultant, Section on Natural Sciences

## PROGRAM OF WORK

*All sessions of the General Assembly, unless otherwise indicated, were held at the Institute Fournier, 25, Boulevard Saint-Jacques, Paris, Union headquarters.*

### Monday, October 20

- A.M. Informal reception of delegates.
- P.M. Opening session, with remarks by the President and Secretary-General. Working session on *Collaboration on a National Basis with the Private Physician*, Dr. DeKeyser, Colonel Harrison and Dr. Hermans, rapporteurs.

### Tuesday, October 21

- A.M. Working session on *Social Organization of the VD Campaign*, Dr. Gerard, Dr. Karl Evang represented by Dr. Bjornnson, Prof. Grzybowski, rapporteurs.  
Film showing.  
Luncheon—La Coupole.
- P.M. Working session on *Sex Behaviour and Venereal Diseases*, Mrs. Neville-Rolfe, rapporteur. Remarks by Dr. Guthe and Dr. Hantchef.

### Wednesday, October 22

- A.M. Visit to the dermatology-syphilology services of St. Louis Hospital as guests of Professor Gougerot, Associate Professor Degos, Professor Couvelaire, and Drs. Touraine and Debray.  
Luncheon at International House, University of the City of Paris, as guests of the French Minister of Foreign Affairs.
- P.M. Working session, discussion of earlier presentations.  
Business session.

### Thursday, October 23

- A.M. Working session. *The Treatment of Syphilis by Penicillin and the Arsenicals in the Different Countries*. Rapporteurs, Prof. Gougerot and Associate Professor Degos, Dr. Kjellberg, Dr. Walter Clarke (represented by Dr. Heller).
- P.M. Closing session and business meeting. Conference room of the Municipal Hospital of Versailles. Dr. P. Vernier, Venereal Disease Officer for Versailles, host.  
Visit to the Hospital Venereal Disease Dispensary, and to the dermatology-venereology service of the Military Hospital Dominique Larrey.  
Visit to Versailles Palace. Reception at the home of Dr. and Mrs. Vernier.

### Friday and Saturday, October 24 and 25

Through arrangements made by Dr. Cavillon and Miss Troué, thirty of the delegates left early on Friday morning by chartered bus for a two-day tour of dispensaries, clinics and other points of interest in Normandy, as guests of civic and health officials in the several communities. The cities of Rouen and le Havre were visited on Friday, and after remaining in Honfleur overnight, the party made a side-trip on Saturday morning to battlefields and beach-heads in the vicinity of Breville, Trouville and Deauville, scene of the Allied Invasion in 1944. Caen was the last stop, the group returning to Paris in the evening. Aside from providing a first-hand view of current rural health problems and the courageous efforts being made by the French officials to carry on despite heavy inroads of war on personnel and facilities, this trip furnished valuable opportunity for informal discussion of the Union's work and for exchange of information and ideas among the delegates.

## RESOLUTIONS

RESOLUTIONS ADOPTED BY THE CONSEIL DE DIRECTION OF THE  
INTERNATIONAL UNION AGAINST VENEREAL DISEASES AT A MEETING  
IN PARIS, FRANCE, NOVEMBER 11-13, 1946

*(Confirmed by the Union's General Assembly, at Paris, France,  
October, 1947)*

### RESOLUTION I. *Distribution of anti-venereal drugs.*

The International Union against the Venereal Diseases asks the World Health Organization to study ways and means of assisting certain countries particularly affected by the war, to enable these countries to receive needed supplies of anti-venereal drugs and such financial aid as can be provided by WHO.

### RESOLUTION II. *Venereal disease epidemiology on an international scale.*

The Conseil de Direction of the International Union against the Venereal Diseases, in view of the importance of epidemiological information concerning venereal infections, asks that each of the Union's member agencies undertake to find out what can be done by the Governments which they represent, in accord with the national laws, to provide confidential information, under the seal of professional secrecy, to the health authorities of other countries, regarding the names of persons known to be infected and spreading infection, that the health authorities concerned may take such steps as the laws of the country permit.

### RESOLUTION III. *Prostitution and procuring.*

The International Union against the Venereal Diseases, recognizing the damage done to society as well as to the public health by the exploitation of commercialized vice, asks of international authorities, and of all national governments, that they promptly put into force the four international conventions concerning the suppression of traffic in women, and towards this end, also asks that police officers of both sexes be assigned by each country in sufficient number to serve the international field.\*

In addition it is asked that the Fifth Convention of 1937 concerning suppression of exploitation of the prostitution of others, and presented (to the governments) for signature in 1940, shall again be brought forward for signature and ratification.

\* EDITOR'S NOTE: By action of the UN Economic and Social Council on August 14, 1947, and further action of the UN General Assembly on October 20, the United Nations voted to assume the "functions and powers exercised by the League of Nations" under these conventions. Study and recommendations for amendment of the 1937 Convention to meet present conditions are now in process by the UN Division of Social Activities "working parties."



## RESOLUTIONS ADOPTED AT THE GENERAL ASSEMBLY OF THE INTERNATIONAL UNION AGAINST THE VENEREAL DISEASES

*October 23, 1947, Paris, France*RESOLUTION I. *Need for a rounded program of education, treatment and case-finding.*

The International Union against the Venereal Diseases, considering that the fight against venereal diseases cannot achieve full success unless this fight is carried on simultaneously upon the educational, curative and preventive levels, requests all governments:

(a) To put into force a complete system of sanitary, biological and moral education for the general public, for young people of both sexes and for educators;

(b) To organize a complete network of anti-venereal disease dispensaries and to ensure collaboration of medical practitioners, it being noted that in the interests of the sick individual and of the community, treatment must be available to all.

(c) To adopt measures both on the national and international levels to find and treat persons who spread infection, and especially to provide for compulsory treatment of infected persons who do not voluntarily seek or accept medical aid;

(d) To improve and augment the knowledge of medical practitioners regarding venereology.

RESOLUTION II. *Cooperation of private physicians and health officials.*

The International Union against the Venereal Diseases, considering the fact that the fight against venereal diseases can only be successful with the help of the entire medical profession, requests the participation in that fight of all practitioners, both in the treatment of patients and in the prevention of disease, and asks particularly that private physicians closely collaborate with Public Health Officers and with the physicians of the anti-venereal disease dispensaries, in order to locate and to bring under treatment the infecting agents; the Union requests, on the other hand, that the Public Health Authorities should enable the practitioner to be paid both for his preventive efforts and for the treatments given, and recommends the adoption of a system of payment in conformity with the specific conditions of each country.

RESOLUTION III. *Expansion of the Brussels Agreement and next steps.*

The International Union against the Venereal Diseases, considering that the venereal diseases constitute a universal plague, and considering the important results obtained by the application of the International Agreement of Brussels, relating to facilities to be provided for seamen with venereal diseases, requests the World Health Organization and all governments:

(a) To take immediately all steps promoting renewed application of this agreement;

(b) To study the possibility of enlarging this agreement by an international anti-venereal disease convention:

(i) to determine the minimum organizational requirements to provide an adequate basis of attack against venereal diseases in each country;

(ii) to indicate the steps necessary for search of sources of infection to be pursued beyond national frontiers.

And resolves:

(a) To call for an International Anti-venereal Disease Conference, the voluntary organizations, to cooperate with the World Health Organization International Expert Committee on Venereal Diseases, and asks for the moral and financial collaboration of the World Health Organization, a lump sum of \$10,000 being considered necessary to take the necessary action;

(b) To appoint a Committee charged with studying the questions relating to the Brussels Agreement, this Committee to be divided into two sub-committees, one to be concerned with the campaign against venereal diseases among seamen, especially in port cities, and the other to deal with efforts to reduce venereal diseases among migrants and displaced persons, especially foreign labor, it being noted that there must be an improvement not only in medical services, but also in welfare conditions;

(c) To appoint a committee for cooperation with the World Health Organization.

#### RESOLUTION IV. *Danger in oral administration of penicillin.*

The International Union against the Venereal Diseases, considering that experience has shown that misuse of sulphonamides by the public has created sulphonamidal resistance against general infections and against gonorrhea, desires to place on record, for the information of all concerned, its view that general treatment by the oral administration of penicillin is dangerous to the public health.

#### RESOLUTION V. *Importance of educational and social measures.*

The International Union against the Venereal Diseases, recognizing the importance of seeking and removing the cause of irresponsible sex behavior, draws the attention of health and education authorities to the desirability of promoting certain education and social measures, if the prevalence of venereal infections is to be reduced.

(a) Contact tracing and rapid treatment disclose a considerable amount of recidivism among venereal disease patients where the causative factors in behavior appear due to serious biological and psychological maladjustments in the individual, requiring specialist treatment and/or social protection;

(b) It is urged that the teaching of the biological sciences and their relationship to human affairs and family stability should be

included in all systems of general education. It is claimed that this promotes a personal sense of responsibility in sex behavior. Enquiry as to the present practice and experience in each country is needed.

The Union decides to establish a Committee directed to seek cooperation of UNESCO and other bodies concerned in promoting enquiries and research, to report thereon and to formulate proposals for consideration.

### OFFICERS FOR THE YEAR 1948

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The above group constitutes the Executive Committee of the Union.

#### *Staff of the*

REGIONAL OFFICE FOR THE AMERICAS  
1790 Broadway, New York 19, N. Y.

*Director:* MISS JEAN B. PINNEY

*Assistant Director:*

MRS. JOSEPHINE V. TULLER

*Secretary:*

AIKO I. YOSHINAGA



## PUBLICATIONS RECEIVED

*Under this head the JOURNAL OF SOCIAL HYGIENE lists publications received and not reviewed. Those which fall sufficiently within its field and are of sufficient importance to its readers to warrant comment will be reviewed in later issues.*

### BOOKS

- BIBBY, CYRIL, *How Life Is Handed On*. Emerson Books, Inc., 251 W. 19th St., New York, 1947. 159 p. \$2.00.
- BLACKWELDER, HELEN M., *Tell Girls Why*. Turner E. Smith & Co., Atlanta, Ga., 1947. 98 p.
- BYRD, OLIVER E., *Health Instruction Yearbook, 1947*. Stanford University Press, Stanford, Calif. 325 p. \$3.00.
- DICKERSON, ROY E., *So Youth May Know*. New, revised edition. Association Press, New York, 1948. 259 p. \$2.50.
- GROVES, E. R., AND G. H., *The Contemporary American Family*. J. B. Lippincott, Chicago Ill., 1947. 838 p. \$4.50.
- KINSEY, A. C., AND POMEROY, W. B., *Sexual Behavior in the Human Male*. Saunders, Philadelphia, 1948. 804 p. \$6.50.
- SAUL, LEON J., *Emotional Maturity*. J. B. Lippincott, Philadelphia, 1947. 338 p. \$5.00.
- SOLOMON, BEN, *Juvenile Delinquency—Practical Prevention*. Youth Service, Inc., Peekskill, N. Y., 1947. 96 p. \$1.50.
- TAPPAN, PAUL W., *Delinquent Girls in Court*. Columbia University Press, New York, 1947. 265 p. \$3.00.
- TOBEY, JAMES A., *Public Health Law*. Third Revised Edition. Commonwealth Fund, New York, 1947. 419 p. \$4.50.

### PAMPHLETS, LEAFLETS, AND REPORTS

#### Annual and Special Reports

- AMERICAN PUBLIC HEALTH ASSOCIATION, *Proceedings of the National Conference on Local Health Units*. Princeton University, Princeton, N. J., September 8-10, 1947. 95 pages.
- NATIONAL SOCIAL WELFARE ASSEMBLY, 1947 Annual Report, 1790 Broadway, New York 19, N. Y. 30 pages.
- ROCKEFELLER FOUNDATION, 49 West 49th St., New York. *International Health Division Annual Report, 1946*. 239 p.

#### Pamphlets for Professional Workers

- AMERICAN MEDICAL ASSOCIATION, 535 N. Dearborn St., Chicago 10, Ill. *Mimeographed Health Materials, 1948*. *Health Materials, 1948*.
- BEHAVIOR AND ATTITUDE GUIDANCE IN BOYS' CLUBS. Boys' Clubs of America, 381 Fourth Avenue, New York 16, N. Y., 1947. 15 p.
- A GUIDE FOR SELECTING VENEREAL DISEASE EDUCATION MATERIALS. Venereal Disease Education Institute, in cooperation with U. S. Public Health Service. October, 1947. 39 pages.
- HANDBOOK: FIRST STEPS IN ORGANIZING STATE OR LOCAL CONFERENCES ON PREVENTION AND CONTROL OF JUVENILE DELINQUENCY. Continuing Committee of the National Conference on Prevention and Control of Juvenile Delinquency, Washington 25, D. C. 12 pages.
- PHILOSOPHIES, WORK STANDARDS OF BOYS CLUBS, November, 1947. Boys Clubs of America, 381 Fourth Avenue, New York. 29 pages.
- RUSSELL SAGE FOUNDATION LIBRARY. 1948. Bibliography No. 1, *Checklist of Current Serials in Social Welfare*. Compiled by Margaret M. Otto, Reference Librarian. 18 pages. 20 cents.
- Bibliography No. 2, *Probation*. A selected bibliography on the Individualized Treatment of the Offender. Compiled by Allan H. Wagner, Assistant Reference Librarian. 12 pages. 20 cents.
- STEPPING STONES TO A HEALTH COUNCIL. National Health Council, 1790 Broadway, New York 19. 29 pages.
- TEACHER'S GUIDE IN HEALTH EDUCATION FOR SECONDARY SCHOOLS, California State Department of Education, 1947. 111 p.

## Pamphlets for the Public

- AMERICAN NURSES ASSOCIATION, 1790 Broadway, New York 19, N. Y.  
*An Appeal for Public Cooperation to Resolve the Nursing Crisis.*  
*A Crisis in Nursing Care Threatens the American People.*  
*American Health Standards Demand Legal Control of Nursing.* (Series of leaflets issued to bring the crisis in nursing care to the attention of the American people.)
- FEDERAL COUNCIL OF THE CHURCHES OF CHRIST IN AMERICA, 297 Fourth Ave., New York City. *Community Help on Pastoral Problems*, 1947. 47 pages. 25 cents.
- MAKING HEALTH VISIBLE, Cleveland Health Museum, Cleveland, Ohio, 1947. 25 pages. 25 cents.
- MORE HEALTH FOR CHILDLESS COUPLES, J. D. Wassersug. American Medical Association, 535 N. Dearborn St., Chicago 10, Ill. Reprinted from *Hygeia*, Nov.-Dec. 1947. 4 p.
- THE NATIONAL HEALTH COUNCIL—What It is. National Health Council, Inc., 1790 Broadway, New York 19, N. Y. Leaflet.
- SEX EDUCATION FOR THE ADOLESCENT, G. W. Corner and C. Landis. Reprinted from *Hygeia*, July, 1941. Revised for sixth printing, 1947. American Medical Association, 535 N. Dearborn St., Chicago 10, Ill. 18 p. 15 cents.
- TALK IT OVER—A series of pamphlets for club and other discussion groups, published by the NATIONAL INSTITUTE OF SOCIAL RELATIONS, INC., Washington 6, D. C. Single copies, 10 cents. Annual subscription rate (12 issues per year) and LOOK AND TALK film discussion guides (occasional). \$1.00.
- UNDERSTANDING SEX. Lester A. Kirkendall. Science Research Associates, Chicago. A new pamphlet in the American Job Series by a competent writer. 75 cents.

## IN THE PERIODICALS

## Sex Education, Marriage and Family Relations

- AMERICAN JOURNAL OF SOCIOLOGY, January, 1948. *Courtship and personality*, M. F. Nimkoff and A. L. Wood.
- AMERICAN SOCIOLOGICAL REVIEW, December, 1947. *Primary factors in a study of courtship*, R. F. Winch.
- CHILD, U. S. Children's Bureau, December, 1947. *To strengthen family life*, Edith Rockwood.
- COSMOPOLITAN, February, 1948. *How shall we tell our young people the truth about sex?*, Howard Whitman.
- THE EDUCATION DIGEST, December, 1947. *The facts speak for sex education*, Lester A. Kirkendall and Mark Fleitzer (in the *Clearing House*).
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- December, 1947. *Making motherhood more attractive*, Paul Popenoe.
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- GENERAL FEDERATION CLUBWOMAN, December, 1947. *Education for family living*, O. J. Card, Ph.D.
- JOURNAL OF SOCIAL CASEWORK, November, 1947. *What is happening to the American family?*, Margaret Mead, Ph.D.
- MARRIAGE AND FAMILY LIVING, Autumn, 1947. *Home sex education and monogamy*, B. N. Desenberg.
- Marriage and divorce in Iowa, 1940-47*, K. L. Cannon.
- The divorce problem*, C. W. Rose.
- MICHIGAN PUBLIC HEALTH, STATE DEPARTMENT OF HEALTH, Lansing, Nov. 1947. *The facts speak for sex education*, L. A. Kirkendall, Ph.D., and Mark Fleitzer.
- PARENTS' MAGAZINE, December, 1947. *How to tell your daughter: a simple factual article which explains menstruation as a part of every girl's growing up*, D. V. Whipple, M.D.
- The importance of father*, Samuel Middlebrook.
- RELIGIOUS EDUCATION, January-February, 1948. *Religious education for marriage—youth shall see visions*, Stanley R. Bray.



## Youth in the World Today

- CHILD STUDY, A QUARTERLY JOURNAL OF PARENT EDUCATION, Summer-Fall, 1947. *Preparing youth for family life*, Joseph K. Folsom.
- MARRIAGE AND FAMILY LIVING, Autumn, 1947. *Student views on mate selection*, H. T. Christensen.
- PARENTS' MAGAZINE, December, 1947. *Are you old enough to stay married?*, C. J. Foster.
- PIC MAGAZINE, January, 1948. *Should men marry early?*, compiled by Jack H. Pollack, Ray Lyman Wilbur and Bishop G. Bromley Oxnam among the writers.

## Industrial Problems

- INDUSTRIAL MEDICINE, December, 1947. *Serological tests for industrial workers*, Walter Clarke, M.D.

## Legislation and Law Enforcement

- AMERICAN JOURNAL OF SYPHILIS, November, 1947. *Evaluation of California's prenatal law requiring a serologic test for syphilis*, A. F. Brewer, M.D., and F. E. Olson.
- BETTER HEALTH, December, 1947. *The policeman and the prostitute*, W. F. Anderson.

## Public Health and Medical

- AMERICAN JOURNAL OF PUBLIC HEALTH, November, 1947. *Diagnostic procedures for gonococcal infection: summary of a panel discussion*.
- January, 1948. Part 2—*Public Health in Midstream*
- The Heritage of the Past: The Professionalization of Public Health*, W. P. Shepard, M.D.; *Progress in Public Health Administration*, H. B. Leavell, M.D., Dr.P.H.; *Changing Problems Growing Out of the Change in Composition of the Population*, L. J. Reed, Ph.D.
- The Seed of the Future: The Unfinished Job of Essential Public Health Service*, Haven Emerson, M.D.; *Surmounting Obstacles to Health Progress*, T. Parran, M.D.; *Social and Economic Factors in Disease*, C.-E. A. Winslow, Dr.P.H.; *Public Health and the Future*, R. B. Fosdick, LL.D.
- AMERICAN JOURNAL OF SYPHILIS, November, 1947. *Neurosyphilis: treatment with penicillin alone and with a combination of penicillin and malaria*, A. C. Curtis, M.D., R. E. Burns, M.D., and D. H. Norton.
- BRITISH JOURNAL VENEREAL DISEASES, June, 1947. *Serological Wassermann "problem" cases*, R. Thomson.
- DISEASES OF THE NERVOUS SYSTEM, November, 1947. *Role of penicillin and fever therapy in neurosyphilis*, A. E. Bennett, M.D., and E. A. Hargrove, M.D.
- JOURNAL OF THE ROYAL SANITARY INSTITUTE (London), November, 1947. *Veneral diseases—past, present, and future*, R. M. Warren, M.B., D.P.H.
- JOURNAL OF VENEREAL DISEASE INFORMATION, September, 1947. *Socioeconomic Aspects of Granuloma Inguinale*, R. B. Greenblatt, M.D.
- Granuloma Inguinale: Streptomycin Therapy & Research*, R. B. Greenblatt, M.D.; R. B. Dienst, Ph.D., H. S. Kupperman, Ph.D., M.D., C. R. Reinstein, B.S.
- Notes on the Epidemiology of Granuloma Inguinale*, C. F. Clarke, M.A., M.D., F.A.C.P.
- November, 1947. *Veneral disease control during the postwar period*, J. R. Heller, Jr., M.D.
- Quantitative serologic tests for syphilis. I. Standard method of reporting*, A. Harris.
- Penicillin therapy in early syphilis: III*, R. C. Arnold, M.D., and others.
- December, 1947. *Syphilis morbidity reporting by private physicians in the state of Florida*, R. F. Sondag, M.D., A. J. Sweeney.
- Syphilis and gonorrhea cases reported for the first time in states and territories, third and fourth quarters fiscal 1947*.
- Contribution of the nurse in the schools to venereal disease control*, J. B. Taylor, R.N., M. F. Wills, R.N.
- Attempted immunization of rabbits against syphilis with killed treponema pallidum and adjuvants*, H. J. Magnuson, M.D., S. P. Halbert, M.D., B. J. Rosenau, M.S.P.H.



- January, 1948. *The 100-day experiment in contact investigation in Arkansas*, E. J. Easley, M.D., G. E. Parkhurst, R. R. Swank.
- Statistical indices used in the evaluation of syphilis contact investigation*, A. P. Iskrant, H. A. Kahn.
- Status of contact investigation: an evaluation of data from state and local health areas*, A. P. Iskrant, J. W. Rion.
- February, 1948. *Family life, health, and social relations program in San Francisco*, R. A. Koch, M.D., N. Keys, Ph.D.
- Oklahoma city case-finding demonstration*, G. F. Mathews, M.D., A. B. Colyar, J. W. Morse.
- The telegram as a case-finding technic in venereal disease control*, T. J. Bauer, A. H. Baker, M.S., M. E. Easterly, M.S.
- Treatment of chancroid with streptomycin*, H. L. Hirsh, M.D., S. R. Taggart, M.D.
- LANCET (London), December 6, 1947. *The viability of treponema pallidum*, C. E. Lumsden, M.B.
- MEDICAL OFFICER (London), December 6, 1947. *Social work in a V.D. centre*, E. M. J. Cooper.
- TRAINED NURSE AND HOSPITAL REVIEW (New York City), November, 1947. *Is V.D. becoming epidemic?*, A. A. Brown.
- U. S. ARMY MEDICAL DEPARTMENT, THE BULLETIN, January, 1948. *Army films on medical subjects*—available on loan basis to the medical profession and allied scientific groups.
- U. S. NAVAL MEDICAL BULLETIN, Nov.-Dec., 1947. *Extragenital primary syphilis*, L. K. MacClatchie, M.D.
- A review of neurosyphilis*, R. E. Rock, M.D., and E. F. Mee.
- Toxic reactions in the treatment of syphilis in the U. S. Navy in 1946*.

## ANNOUNCEMENTS

**Last Month.**—Before the February JOURNAL was off the press, requests had been received for several thousand copies of the reprint edition of *International Aspects of the Venereal Disease Problem*, by Dr. Thorstein Guthe, World Health Organization Medical Officer, Dr. John C. Hume of the Johns Hopkins School of Hygiene and Public Health, and collaborating experts.

The facts and figures in this article, which has been approved for publication by the U. S. Army and the U. S. Public Health Service, we believe present the most comprehensive view yet attempted of the world picture of venereal diseases and what may be done to prevent and control these infections.

Every library, every reference collection, every agency, official and individual concerned with VD control should have a copy. *Pub. No. A-713. 48 pp. 40 cents a copy (50 cents outside USA territory).*

**This Month.**—*Has the Tide Turned?* Annual Report of the Association's Executive Director, Dr. Walter Clarke, is also in demand in preprint form, and we are glad to supply extra copies to

JOURNAL readers . . . *Ask for Pub. No. A-707 and please send 5 cents postage.* . . . Reprints are also available of Dr. Heller's *Venereal Disease in One World* (Pub. No. A-718, 10 cents a copy). This address, presented before the General Assembly of the International Union against Venereal Diseases in Paris last October, appears in also the French text of the Assembly Proceedings. . . . *The entire March issue of the JOURNAL, 35 cents, as usual.*

### JOURNAL

**Next Month.**—This will be the *Thirty-fifth Anniversary Number*, recording the Annual ASHA Meeting on February 4, with Surgeon General Parran's current review of progress *Are We Stamping Out Syphilis?* heading the Table of Contents. (*Preprints of this are 10 cents each. Ask for Pub. A-708.*) In this number also, on account of the 1948 Snow Award and Honorary Life Memberships, Social Hygiene Day events across the country, proceedings of the ASHA Annual Business Meeting, Committee Reports and other current news and data. *35 cents a copy for the full issue.*

Journal  
of  
Social Hygiene

Thirty-fifth Anniversary Number

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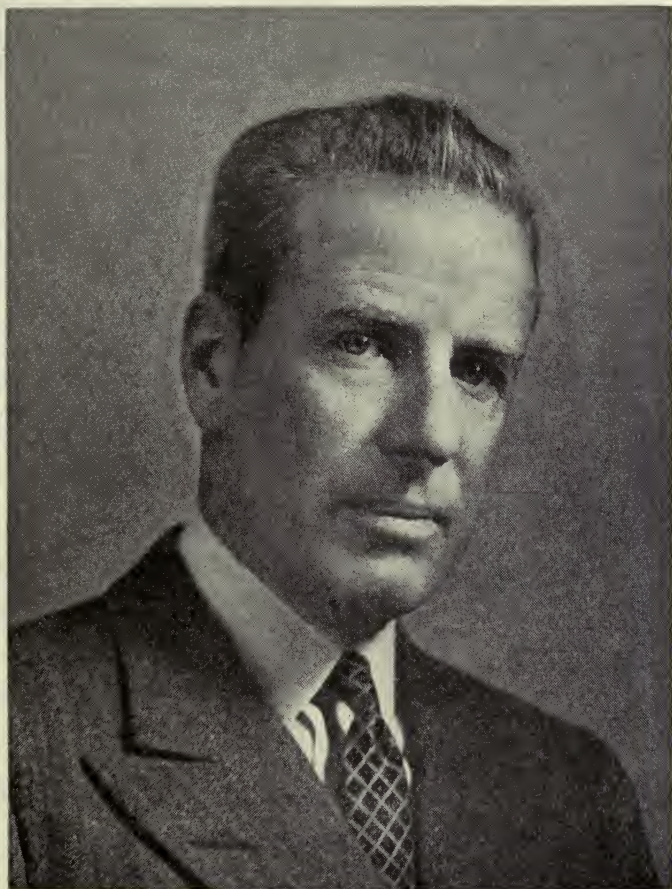
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WILLIAM FREEMAN SNOW AWARD  
FOR DISTINGUISHED SERVICE TO HUMANITY



*Photograph from Bachrach*

*Presented to*  
PHILIP R. MATHER

1948

## TO PHILIP RICHARD MATHER . . .

Who from boyhood was taught by the precepts and examples of his distinguished father and mother the obligations and the satisfactions of social service . . .

Whose imperative sense of duty causes him never to hesitate to sacrifice personal comfort and convenience in favor of an opportunity to aid a worthy cause . . .

Who served with honor in the armed forces of his country in wartime . . .

Whose sound judgment and perspicacity have made him a valued member of the governing bodies of many local, state and national welfare agencies . . .

Who has given generously of his resources to relieve suffering and correct injustice . . .

Whose courtesy, humor, modesty and unselfishness have endeared him to all who know him . . .

Who embodies in himself the traits of the true philanthropist—"one who desires to do good to all mankind" . . .

The American Social Hygiene Association is proud to award the William Freeman Snow Medal for Distinguished Service to Humanity.

## BIOGRAPHICAL NOTES

PHILIP RICHARD MATHER was born in Cleveland, Ohio, May 19, 1894, the son of Samuel and Flora Amelia Stone Mather. He married Madeleine Almy, August 17, 1917. Four daughters, Constance, Anne, Madeleine and Phyllis, were born of this union.

Graduated A.B. Yale College 1916.

Member of Phi Beta Kappa.

Student, Graduate School Harvard University  
1919-1920.

Private, Connecticut National Guard 1915-1916.

Officers Training Camp, Ft. Benjamin Harrison  
1917.

Captain 322 Field Artillery AEF 1917-1919.

Private Ohio National Guard (Summers) 1920-  
1921.

Private, Corporal, Sergeant, Massachusetts Na-  
tional Guard 1942-1946.

Clerk and Junior Executive, Pickands, Mather  
and Company 1920-1927, 1930-1936.

Director, Mather Realty Company, Cleveland,  
since 1931 and President since 1939.

Director, Riley Stoker Corporation, Worcester,  
Mass., since 1939.

Director, Interlake Iron Corporation, Cleveland,  
since 1940.

Director, Cleveland Cliffs Iron Company and  
predecessor Company, Cleveland, since 1942.

Honorary Trustee, Goodrich Social Settlement,  
Cleveland, since 1937.

Honorary Trustee, Hiram House, Cleveland,  
since 1937.

Member and Chairman of various committees,  
Cleveland Community Chest, and the Com-  
munity Fund Council, 1920 to 1936.

Director, Member of Executive Committee,  
Chairman of Finance Committee since 1940  
and Chairman, National Committee on War  
Activities 1941-1946, the American Social  
Hygiene Association, New York City.

Director, Massachusetts Society for Social Hy-  
giene since 1943.

Director, National War Fund, New York City,  
1943-1946.

Committee member, greater Boston War Fund,  
Boston, 1943-1946.

President, National Health Council, New York  
City, since 1946.





THE WILLIAM FREEMAN SNOW AWARD FOR DISTINGUISHED SERVICE TO HUMANITY was established in 1937 by a group of Dr. Snow's friends, signaling the rounding out of the first forty years of his service in social hygiene and public health. At that time a bronze portrait plaque was presented to Dr. Snow and a Committee on Award appointed, with the suggestion that from time to time medal replicas of the plaque might be struck off and presented in recognition of outstanding service in the field of social hygiene.

*Previous recipients of the Snow Award*

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| <p>1938 EDWARD L. KEYES, M.D.<br/>Past president and Honorary President,<br/>American Social Hygiene Association</p> <p>1939 THOMAS PARRAN, M.D.<br/>Surgeon General, United States Public<br/>Health Service</p> <p>1940 GENERAL JOHN J. PERSHING<br/>General of the Armies</p> <p>1941 MRS. SYBIL NEVILLE-ROLFE, O.B.E.<br/>Secretary-General, British Social Hygiene<br/>Council</p> <p>1942 BRIGADIER-GENERAL FREDERICK F. RUSSELL, MC (retired)<br/>Harvard University School of Public<br/>Health</p> <p>1943 RAY LYMAN WILBUR, M.D.<br/>Chancellor, Stanford University</p> | <p>1944 HUGH S. CUMMING, M.D.<br/>Director, Pan American Sanitary Bureau</p> <p>1945 MAJOR-GENERAL MERRITTE W. IRELAND, MC (retired)<br/>Former Surgeon General, United States<br/>Army</p> <p>1946 JOHN H. STOKES, M.D.<br/>Director, Institute of Syphilis Control and<br/>Professor, University of Pennsylvania<br/>School of Medicine<br/>COLONEL LAWRENCE W. HARRISON, M.B.,<br/>D.S.O.<br/>Former Venereal Disease Officer, British<br/>Ministry of Health</p> <p>1947 SIR SIDNEY WEST HARRIS, C.B., C.V.O.<br/>Assistant Under Secretary of State, British<br/>Home Office, and United Kingdom dele-<br/>gate to the United Nations Economic<br/>and Social Council</p> |
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# Journal of Social Hygiene

VOL. 34

APRIL, 1948

NO. 4

## Thirty-fifth Anniversary Number

### THE ASSOCIATION'S THIRTY-FIFTH ANNUAL MEETING

Large audiences and keen interest marked the sessions of the American Social Hygiene Association's 1948 Annual Meeting and New York Regional Conference, which occurred on Social Hygiene Day, February 4, at the Hotel Pennsylvania. As indicated on the following page, programs and discussions for three public sessions were arranged, the topics and speakers dealing with current aspects and problems of youth, marriage and family life, as well as new developments in medicine and public health.

Of special note were the Luncheon Session events, when the election of Mr. Philip R. Mather of Boston to the Association's presidency was announced, with the presentation to him of the Snow Award for Distinguished Service to Humanity, and outstanding addresses from Surgeon General Parran and Brigadier General Devine were heard, with introductory remarks from the chairman, Major General Philipson.

This number of the JOURNAL reports on some of these events and the editors hope to include other addresses and notes in future issues. A résumé of the transactions of the Annual Business Meeting is also included for the information and interest of Association members who could not be present.

# PROGRAM

## ANNUAL MEETING AND NEW YORK REGIONAL CONFERENCE

### Morning Sessions

**9:30 a.m. Annual Business Meeting of Association Members**

**10:30 a.m. General Session**

**Presiding:** Bailey B. Burritt, Executive Director, National Health Council and Chairman, ASHA Executive Committee.

**Address:** *Building a City for Families.* Charlotte Carr, Executive Director, Citizens' Committee on Children of New York City.

**Panel Discussion:** *Marriage and Family Life in Universities under the G.I. Bill of Rights.* **Moderator,** Howard W. Ennes, Jr., Chief, Extension and Training Section, Venereal Disease Division, U. S. Public Health Service. **Discussants:** Four G.I. university students and their wives.

**General Discussion.**

**12:30 p.m. Luncheon Session**

**Presiding:** Major General Irving J. Philipson (retired), U. S. Army, ASHA Honorary Vice-president.

*Award of the William Freeman Snow Award for Distinguished Service to Humanity* to Philip R. Mather, President, National Health Council and newly elected President, American Social Hygiene Association. Presentation by Mr. Burritt.

*Award of Honorary Life Membership in the Association* to Dr. Edward S. Godfrey, Jr.

**Addresses:** *Are We Stamping Out Syphilis?* Thomas Parran, Surgeon General, U. S. Public Health Service. (Represented by Assistant Surgeon General James G. Crabtree.)

*Social Hygiene in the Fort Knox Experiment.* Brigadier General John M. Devine, U. S. Army, Commanding General, AGF Universal Military Training Experimental Unit, Fort Knox, Kentucky.

**3:00 p.m. Afternoon Session**

**Presiding:** Dr. Harry S. Mustard, Commissioner of Health, New York City.

**Addresses:** Dr. Luvia Willard, Director, Pediatrics Service, Jamaica Hospital; former Director, American Women's Hospital Reserve Corps.

*Penicillin in the Venereal Disease Control Program.* Dr. Thomas B. Turner, Professor of Bacteriology, Johns Hopkins University School of Hygiene and Public Health.

*A New Approach to the Problem of the Venereal Diseases in the First Army Area.* Captain George J. Carroll, MC, U. S. Army, Venereal Disease Control Officer, First Army Area Command.

Joining the Association in sponsorship of the Regional Conference were the First District, U. S. Public Health Service; First Army Area Command, Third Naval District, and 100 other national, state and community agencies, both official and voluntary.



## ARE WE STAMPING OUT SYPHILIS? \*

THOMAS PARRAN

*Surgeon General, United States Public Health Service*

About 11 years ago, in 1936,<sup>1</sup> I said that the people of this country could virtually stamp out syphilis within a generation if they tackled the problem with sufficient determination, money and manpower. We started such a nationwide attack in 1938 when, after months of intensive study, the U. S. Congress authorized federal aid to strengthen the services of State and local health departments and to make possible a coordinated control program reaching every section of the nation. Since then, for a third of a generation, this country has carried out the most extensive effort to control syphilis that the world has ever seen.

Is syphilis being stamped out?

The people of this country have a right to know the answer to this question. Each year I have reported to their representatives in Congress, who have consistently given this program strong support. I now report to the people at large through the American Social Hygiene Association, the organization of private citizens that has consistently fought for the control of venereal diseases as part of its larger objective of strengthening decent, constructive family life in this country.

To measure the degree to which syphilis is being stamped out, we must use two gauges:

1. Has the control program produced a significant reduction in the deaths and disabilities caused by syphilis?

2. Has it reduced the number of existing cases and the occurrence of new cases?

I am glad to be able to report that measurable progress has been made toward the first part of our goal—cutting down the disability and loss of life caused by syphilis in the United States.

In 1938, about 16 persons out of every 100,000 people in the United States died of syphilis. The best estimates for 1946 show that this death rate had dropped by more than one-third, to around 10 persons per 100,000.

The reduction in the infant death rate due to syphilis has been even more dramatic. In 1938, 63 out of every 100,000 babies born alive

\* An address given at the Annual Luncheon Meeting of the American Social Hygiene Association on Social Hygiene Day, February 4, 1948, New York.

<sup>1</sup> *Why Don't We Stamp Out Syphilis?*, Survey Graphic and Readers' Digest, July 1936.

died of syphilis. In 1945, this rate had dropped to 25 per 100,000, considerably less than half of the 1938 rate. Contributing to this record is the fact that fewer pregnant women have syphilis. Moreover, a greater proportion of pregnant mothers with syphilis are receiving good medical attention resulting in the protection of the unborn child.

More than seven persons out of every 100,000 of the population admitted to mental hospitals for the first time in 1938 suffered insanity caused by syphilis. By 1945, this figure had been reduced to slightly more than five and one-half persons per 100,000. Perhaps more significant is the reduction in the proportion of psychoses due to syphilis to the total of all admissions to mental hospitals. In 1938, 10 per cent of all first admissions were due to syphilis, whereas in 1945 this proportion was reduced to 6.6 per cent.

Progress toward the second part of our goal—a material reduction in the number of cases of syphilis in the population and in the rate at which new cases occur—can be less precisely measured. We know how many cases both new and old are reported to official health agencies each year, but we also know that other cases exist which are not reported, and the number of such cases remains unknown. Therefore, we cannot establish a baseline for this kind of measurement.

With these limitations in mind, I present the figures we have collected regarding the number of cases reported to State health departments and to the armed forces for each fiscal year since 1938.

In 1938 there were reported for the population of the United States 480,000 cases of syphilis in all stages, a rate of 3.7 per thousand. With the blood test a part of the physical examination for Selective Service this figure rose to 594,000 by 1943, a rate of 4.4 per thousand. Since then it has declined gradually to 399,000, or a rate of 2.8 per thousand.

Another notable sign of progress is the fact that the percentage of syphilis cases discovered within the first few months after infection has shown a steady increase. In 1947 we were discovering over twice as large a percentage of syphilis cases while they were still in the early infectious stages as we were in 1941. Stated in percentages, in 1947, 33 per cent of all reported cases of syphilis were in the primary and secondary stages, as compared to 15 per cent in 1941. Early diagnosis and treatment of syphilis is important for two reasons: The individual chance for cure is greater and a source of infection is removed from the community, thus preventing further spread.

Thus, great inroads have been made against the existing reservoir of latent and late syphilis. Destructive progress of the disease in scores of thousands of people has been checked through treatment that was given before irreparable damage had already been done to the vital organs.

How were these gains accomplished? Did the war interfere with the control program? How can we make further gains? These ques-



tions need to be answered to give a true picture of the ten-year battle against syphilis.

Principal credit for these gains go to the nation's 150,000 practicing physicians. In their offices, hospitals, and clinics, private physicians diagnosed and treated about 50 per cent of all the cases of syphilis reported in this country since 1938. These same physicians also provided most of the services given under health department auspices to the remaining 50 per cent of cases.

Throughout the 10 years of national venereal disease control there has been steadily increasing cooperation and mutual understanding between public health officers and private physicians in their respective fields of responsibility for the control of syphilis. The likelihood of continuing an increased interest in syphilis by the private physicians and the medical societies of this country is a good omen for the eventual control of the disease.

Another reason for the advance made during the past decade is the expansion of public facilities.

At the beginning of the national program, public facilities for the treatment of syphilis consisted of 965 clinics. In 1947 there were 3,000 public clinics and a nationwide network of special hospital facilities for the diagnosis and treatment of syphilis. Ten years ago laboratory facilities for diagnosing syphilis were scarce and produced highly variable results on the 3,500,000 blood tests they performed annually. Today, good laboratories in every State are performing about 20,000,000 blood tests yearly.

In 1943, as a wartime emergency measure, a number of special hospitals, known as rapid treatment centers, were established to provide intensive arsenic-bismuth treatment for patients with infectious syphilis and sulfa treatment for those with gonorrhea. Most of these were operated by State or federal health agencies in areas near army and navy training facilities, or near important war industry cities. Full treatment in these hospitals required from 5 to 10 days as compared to the 70 weeks required when treatment was given in clinics. Use of the rapid treatment centers had the dual advantage of allowing the clinic personnel more time to devote to case-finding and of making it easier for patients to complete the full course of treatment. Under the traditional schedule of 70 weekly injections as given in clinics, 75 per cent of patients, with early syphilis failed to complete the full treatment and were thus in danger of infectious relapse.

The rapid treatment centers became an even more valuable tool for stamping out syphilis when, in 1943, Dr. John F. Mahoney of the U. S. Public Health Service discovered that a large number of penicillin injections given over a period of 8 days was apparently about as effective in killing the germs of syphilis as were the older drugs. One very great advantage was pointed out by Dr. Mahoney in his announcement—the penicillin did not cause serious reactions in the patient, as was often the case with arsenic and bismuth. As soon



as Dr. Mahoney's findings were confirmed through additional study in rapid treatment centers and elsewhere, this new form of therapy came into general use. The rapid treatment facilities, financed by State and federal funds, soon were expanded to include beds in general hospitals. Approximately 150,000 cases of syphilis yearly—more than one-third of all syphilis cases reported, including a major portion of cases of early syphilis—are being treated in these facilities.

You will recall that penicillin was found to be a specific cure for gonorrhea before its effectiveness for syphilis had been demonstrated. It is far more effective than the sulfa drugs, and does not have the toxic reactions which were caused by these drugs.

*For the first time in recorded medical history, the doctor now has a quick, safe and efficient cure for gonorrhea.* This is a great landmark in the history of man's fight to conquer disease.

Long before national venereal disease control was initiated, public health and social hygiene forces joined with those interested specifically in the protection of women and children to advocate laws requiring blood tests before marriage and in every pregnancy. In 1937, however, not a single State in the Union required prenatal blood tests and only one State, Connecticut, required blood tests before marriage. Today, 36 States require premarital examinations and 35 States have laws which require prenatal tests for syphilis. The 2,500,000 blood tests now being performed annually under these laws discover and prevent many thousands of cases of syphilis each year. A large part of the reduction of infant deaths due to syphilis is undoubtedly the result of the functioning of these laws.

I should like to pay tribute to the contribution which the Selective Service system and the Army and Navy medical departments have made to civilian control of syphilis. The blood tests given to millions of young men as part of their examination for fitness to serve in the armed forces had two important effects. Many thousands of syphilis cases were discovered and brought to treatment; in addition, the blood test was an educational experience which stimulated many of the registrants to learn more about syphilis and the other venereal diseases.

The gains I have described might have been greater if the war had not intervened. Any profound disturbance of society, any large scale movement of population groups, such as inevitably result from war, tends to increase sexual promiscuity and therefore, to increase the possibility of venereal disease spread.

With the cooperation of the Selective Service system and the armed services we were able to "hold the line" during and since the war, against serious increases in the venereal disease problem in this country. The national control program was well established before Pearl Harbor. Consequently thousands of doctors, nurses, and technicians who went into uniform had been trained for venereal disease control during the first few peacetime years of the national program. The Army and Navy used these trained people and in addition trained

many others to carry forward a strong, scientifically sound program for finding, treating and preventing venereal disease.

With war's end, responsibility for venereal disease control among the millions of returning servicemen shifted from the Army and Navy to civilian medical resources. The maturity of the civilian program, the excellent physical plant, *plus* the education the men had received while in service permitted this transition without noticeable effect on civilian syphilis control. Contrary to some published reports, there has been no increase in the rate of reported cases of primary and secondary syphilis for the nation since the end of the war.

Scientific research is the foundation for every great medical advance against disease. The discovery that penicillin is effective against syphilis was an advance comparable to the discovery by Wassermann of a blood test for diagnosis of the disease, and of Ehrlich's discovery of the effect of arsenic on the spirochete of syphilis.

Several fine research laboratories have been developed under the national program. The scientists in these laboratories, who have made venereal disease research their life's work, are right now in the midst of basic investigations which may eventually influence venereal disease control more profoundly than any of the discoveries of the past. It is possible that their research may also be of very great value to the solution of other medical problems.

In our list of assets none is more valuable than the present day desire of people to learn and the willingness of the press, the radio and of other channels of public information, to give the facts to the public. Prior to 1936, venereal disease was discussed publicly in very few places. Ignorance, superstition and folklore, rather than truth, filled the public mind, providing fertile ground for worthless patent nostrums and an army of fake "specialists." The situation is far different today. Radio stations have broadcast many fine educational programs about venereal disease. Clergymen deliver sermons about venereal disease, magazines and newspapers discuss it as often and as vigorously as they do cancer or tuberculosis. Billboards have blazoned the words "syphilis" and "gonorrhea" across the face of scores of cities and towns. Venereal disease is a frequent subject for discussion for parents' meetings and among women's groups.

The record shows that substantial gains have been made against syphilis in the past 10 years. The better facilities for applying the better medical tools developed for venereal disease control and the scope and force with which these tools have been applied have brought about a material reduction in the death and disability caused by these diseases.

This does not mean, however, that we can afford to grow complacent. Always it must be kept in mind that syphilis is a highly infectious disease. So long as any sizable number of infectious cases exist anywhere in the world, the price of national safety is unflagging vigilance. Any let-up in control effort presents an opportunity for renewed spread of infection, increased death and disability.



We must not let up in our fight. There are still far too many people with syphilis. Too few are being treated in the early infectious stage.

We need to extend and improve casefinding so that a much greater proportion of persons with syphilis go to a doctor in the earlier stages of infection—the earlier the better. Effective techniques to accomplish this are known—what is needed is more complete, consistent and persistent application throughout the country.

Through consistent health education—telling people about the danger of untreated syphilis, how the disease is spread, how it can be avoided and what to do when certain physical signs have appeared—we can stimulate them to go to their own doctor or to a public clinic for a physical examination and blood test.

In the last year or so several towns and cities have conducted experimental programs of intensive public education. Winning the active support of private physicians, pastors of every faith, business and labor leaders, social hygiene groups, public officials, and the great mass of the people, these programs have demonstrated conclusively that moral standards can be improved and that people can be taught to seek medical attention when the symptoms of early syphilis are noticed, or when infection is suspected for other reasons.

Additional cases of early syphilis can be found through getting the cooperation of syphilis patients in giving the names of sexual contacts. More effective effort is likewise needed to get these contacts to report to their doctor or clinic for examination. That this form of casefinding can be improved is demonstrated by the fact that in recent years a number of health departments have doubled the ratio of new cases found through interviewing and investigation of the contacts of each "original" case of early syphilis.

Finally, we know that more cases of syphilis will be found through wider use of the routine blood test by private physicians, hospitals, industries, schools, insurance companies, and other institutions concerned with maintaining good health among large numbers of people. A variant of this casefinding method is that of intensive campaigns for giving blood tests on a voluntary basis to large numbers of people in a short period of time. Many towns and cities, and one entire State, Alabama, have tried this method with considerable success.

When all these casefinding methods are aggressively applied in every community in the Nation, with the program in each community balanced to meet its particular needs, the slow but steady progress of the last 10 years will be greatly accelerated.

Coordinated with this stepped-up casefinding and treatment effort, there must be a substantially greater public participation in the efforts of our social hygiene societies, churches, schools, and law enforcement officials to combat all of those conditions and influences which tend to encourage sex promiscuity and to undermine stable family life. Evidence of official acceptance of this approach to the



problem is to be found in the fact that the army is developing a program which de-emphasizes prophylaxis and which emphasizes continence, proper education and training.

We should also apply on a very broad scale the more positive approach of teaching young people these principles of sex behavior which are most likely to result in normal, happy and fruitful marital relationships. That this can be done in the secondary schools without infringing on the responsibility of religion and of parents is well established.

Barring some presently unforeseen catastrophe, and with continued public support, America's doctors and public health agencies will come close to stamping out syphilis as a major health problem within the remaining years of the generation that began in 1938. They will come closer and sooner to this goal as our society moves further toward the larger objectives of the American social hygiene movement.

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### THOMAS PARRAN, M.D.

The foregoing article becomes of special significance, because it is the final one of the series of thoughtful progress reports made by Dr. Parran as Surgeon General of the United States Public Health Service during his twelve years of devoted service and great leadership in the constructive building of national and international public health programs and administrative practices. His assignment in this capacity ended on April 5th, President Truman having appointed Dr. Leonard Scheele to succeed him.

In 1939, the American Social Hygiene Association presented its highest honor, the William Freeman Snow Award for Distinguished Service to Humanity, to Surgeon General Parran before a great audience in Washington. The citation referred to him as "a man for many tasks," and as "a trusted counselor in medicine and public health throughout the world."

How completely Dr. Parran has fulfilled the prophecies of that occasion is now a matter of history. During the past decade, in spite of the heavy duties of his office in peace and war, he has never failed to find time for volunteer service in social hygiene. As a continuing member of the Association's Board of Directors, as Chairman of its General Advisory Board, and more recently as a member of its Committee on International Relations and Activities, his interest and advice have been generously given. Only the feeling of assurance that his new duties will allow his continued active participation in the voluntary movement for world-wide health, welfare and family conservation, and that release from his recent assignment will indeed permit him to move on to even more influential pioneering along the broadening frontiers of health conservation, plus the fact that he is being followed in the Surgeon General's office by an experienced and worthy successor—long an associate and team-worker in voluntary public health efforts—reconciles us to the ending of Dr. Parran's tour of duty as the head of our national public health service.

## PRESENTATION OF THE 1948 AWARDS OF THE SNOW MEDAL, HONORARY LIFE MEMBERSHIPS AND A SPECIAL TRIBUTE TO DOCTOR KEYES

As in past years, the Association's Annual Luncheon was made the occasion for presentation of the William Freeman Snow Award for Distinguished Service to Humanity and the announcement of elections to Honorary Life Membership in the Association. This year's ceremony was of unusual significance, for the reason that the Medal recipient, Philip R. Mather, had just been elected Association president, and because of a special tribute paid by the Committee on Awards to Dr. Edward L. Keyes, who is retiring as Honorary President.

Mr. Bailey B. Burritt, Chairman of the Association's Executive Committee, in presenting the Medal to Mr. Mather said:

"Mr. President, members of the Board of Directors, distinguished guests, friends and members of the American Social Hygiene Association, permit me, first of all, to congratulate you on your choice of Mr. Philip R. Mather to succeed Dr. Ray Lyman Wilbur as President of the Association.

"Implicit in the honor which the Association has today paid Mr. Mather at its election of officers this morning, is recognition of his long and distinguished record of service to his country, to the American Social Hygiene Association, and to many local, state and national welfare agencies upon whose governing boards he has served.

"Mr. Mather, it is a genuine pleasure to welcome you to the office of President, today. But this is not the sole honor which the Association wishes to pay you. The years which you have selflessly devoted to the welfare and happiness of your fellowmen, the unique contributions of time and self which you have made, the wisdom and guidance which you have brought to bear on policy considerations as a member of the Board have all earned for you a further honor—the greatest which the Association has to offer—the award of the William Freeman Snow Medal.

"This award is not given lightly, as you know. Many months of thought are brought to bear on the matter by the members of the Committee on Awards. Only a long, distinguished and consistent record of leadership and of contributions to humanity can wrest this honor from their hands. The Committee guards jealously the William Freeman Snow Medal and rightly so.

"On all counts it has been unanimously agreed that you have rendered a lifetime of unstinting, modest and gracious service to your country and its people. The social hygiene movement in this country and abroad has prospered with your help. The gains that have been made by the Association in its unceasing warfare against the venereal diseases, against their causes and against their often pitiful toll in human life and contentment have been achieved because of men of your calibre.



"It is with deep and genuine feelings of respect for you, for what you have done for the welfare of your fellow citizens and for the American Social Hygiene Association that I present to you, herewith, the William Freeman Snow Award for Distinguished Service to Humanity."

#### MR. MATHER'S ACCEPTANCE

Responding, Mr. Mather said:

"When I think of my predecessor in this office, Dr. Ray Lyman Wilbur, of the many eminent persons who preceded him, and of that other distinguished group, the recipients of the Snow Award, I feel very humble. I am neither a physician, an educator or a general—but as a mere layman I am perhaps evidence of the fact that the far-seeing pioneer leaders in this movement are accomplishing one of their main purposes, namely that of arousing the interest of the average citizen in this great cause.

"Although Mr. Burritt told you that I had already rendered a life-time of service, I don't suppose he intended me to take him literally. I know that my hair is white and that I am a grandfather, but I didn't know that my life's work was done, and I doubt if Mr. Burritt is thinking of my retirement to a life of ease. So, as your newly elected President I pledge my best efforts to carry on the high traditions of this organization.

"And I do so with great faith, because during the past eight years, I have come to know and to place implicit confidence in those with whom I shall be working. Not only have all of our officers and Board members given liberally of their time, their wisdom and their experience, but also the Executive Director, Dr. Clarke, and the entire staff have never placed any limits on their hours of work and their devotion to their tasks. As Chairman of the Finance Committee I found that not only the finance staff but everyone else connected with the Association worked diligently on fund-raising; and as President I know that this will continue, and likewise that the whole staff, including the Finance Department, will work for the fulfillment of our entire program.

"What lies ahead of us? No one is wise enough to know. Some thought that penicillin and the sulfa drugs would solve our problem. Already we have learned that they are only changing the nature of it; and that the venereal diseases themselves are only symptoms of deep maladjustments in the individual, in the family and in society. Of all the voluntary agencies in the health field the Association is almost unique, in that we are concerned not just with the prevention and cure of certain ailments, but also with problems of human behavior, involving some of the basic urges of mankind. I am convinced, however, that we are flexible enough to adapt our program to meet our problem, as we come to understand it better.



"Some say that we have failed because after thirty-four years of effort we have not eradicated venereal diseases. In reply, we may point out that though organized Christianity has been at work for 1947 years, sin is not yet entirely eliminated. Yet no one, at least on this side of the Iron Curtain, has suggested that the Church go out of business. Just as the price of liberty is eternal vigilance, so in our field the price of progress is unremitting effort. Therefore, we shall carry on our struggle for a healthier people and a more wholesome family life, continuing to enlist in this effort the support of every interested individual and group in this great land of ours."



MR. MATHER RECEIVES SNOW AWARD FROM MR. BURRITT

*Photograph by New York Times*

## A TRIBUTE TO DOCTOR KEYES

One of Mr. Mather's first duties, on assuming the presidential chair, was to announce the award of a special testimonial to Dr. Edward L. Keyes, on the occasion of his retirement as Honorary President of the Association after twelve years' service in this office and an equal length of time previously, from 1924 to 1936, as Association President. In making this award, Mr. Mather said:

"Many outstanding men and women, leaders in their own professional fields and often leaders of the nation itself, have been closely associated with the American Social Hygiene Association in the thirty-four years of its service to the people of this country and of the world. Amongst the most distinguished men the Association has been privileged to call members of its intimate family, we count Dr. Edward L. Keyes. It is much to our sorrow that Dr. Keyes' health prevents his being with us today but nonetheless, we wish to pay honor to him on this, the occasion of his retiring as Honorary President of the Association; and we are happy to have as Dr. Keyes personal representative his daughter, Mrs. Emily Keyes Belt.

"From the day thirty-five years ago when Dr. Keyes became Secretary of the original Society for Sanitary and Moral Prophylaxis, under the leadership of Dr. Prince A. Morrow, his unflagging devotion to and interest in social hygiene has been demonstrated. Over the years, he has been unstinting in his time, zeal and activity as a member of the Board and as an officer in the American Social Hygiene Association.

"To tell this audience the history of his achievements, his pioneer work in the medical and public health aspects of venereal disease control, of his status as an international figure in the field of medical science would take a very long time. But even then I would fail to tell the warm, affectionate story that instantly springs to mind when the name of Dr. Keyes is mentioned by those who have known the *man*, as well as the great physician.

"For it has been Dr. Keyes' deep sensitivity to human beings and their problems that has endeared him to all of us. It is his cultivation of mind, his warmth of heart, his spirit and his richness of personality that have made him our friend. And no words about Dr. Keyes could even begin to encompass the story of what he is and what he has meant to all of his friends and associates which failed to say how often he has gladdened our lives with his generous humor, and unfailing wit.

"At this table and in the audience are many of Dr. Keyes' friends and fellow workers—men and women to whom he will always mean more than any of them will ever be able to put into words. I have here a testimonial of the affectionate regard in which he is held by us all, and I hope that I am saying at least a part of what we would all like to convey to him when I say, that knowing him, working

with him, profiting by his wisdom and leadership has been an enriching experience for us all. The social hygiene movement owes Dr. Keyes a boundless debt. The men and women who have found a way to health and security through his research, his medical practice, and his teaching of every sound measure for the control and treatment of the venereal diseases owe him an unpayable obligation. We salute his achievements. Most of all, we thank Dr. Keyes, in absentia, for his friendship, the sharing of our tasks, and the humor and warmth that will continue to be our treasured possession."

The testimonial, which took the form of a hand-illuminated leather-bound brochure, bore the following message, signed by several hundred persons:

To

DR. EDWARD LOUGHBOROUGH KEYES

On his Thirty-Fifth Year of Leadership as Director, President,  
Honorary President of the American Social Hygiene Association

"We, the members of the Association and affiliated governmental and voluntary agencies, greet you and express, on behalf of those supporting the social hygiene movement throughout the nation, our affectionate regard and admiration for your pioneering in many fields and your continued activities over half a century.

"In this time we have known you as physician, teacher, author, soldier, churchman, citizen, friend. With all the world a stage, you have played each part with the consummate skill, straight thinking, and plain speaking, which command attention and favorable action.

"In recognition particularly of your unselfish promotion of the high ideals and sound principles of science, sociology, and ethics which have governed the growth and development of advances in health and human relations, we have asked your colleagues who have known and admired you to sign and present this testimonial with all our best wishes for your good health and future distinguished service to humanity."



DR. KEYES AND DR. SNOW, DECEMBER 1937



## NEW HONORARY LIFE MEMBERS FOR 1948

As has been the custom for the past several years, the Association's Committee on Awards proposed for Honorary Life Membership this year the names of six persons who have performed outstanding service in social hygiene. Presentation ceremonies for these members occurred as follows:

*Honorary Life Membership for Dr. EDWARD S. GODFREY, JR., recently retired Health Commissioner for the State of New York, was presented at the Association's Annual Luncheon Meeting on Social Hygiene Day, February 4, in New York City, by PRESIDENT PHILIP R. MATHER. The Citation read:*

### EDWARD SETTLE GODFREY, JR., M.D.

The best way to sum up the life and works of Dr. Edward S. Godfrey to date is to insert here the references which *Who's Who* editors have collected about him; and then get on with the heart-warming business of round-table discussion of the man himself and his influence as a fearless, resourceful frontiersman in public health, whom we all delight to honor.

He was born at Fort Yates, North Dakota, August 16, 1878, the son of Brigadier-General Edwin S. and Mary Pocock Godfrey. He married Alma McDonald in 1911, and their sons are Edward Settle Godfrey III, and McDonald. His home is in Albany, New York.

After preparatory education at the U. S. Military Academy, Dr. Godfrey took his medical degree at the University of Virginia in 1900, and interned at Germantown Hospital, Philadelphia. Locating in Arizona, from 1903 to 1915 he practiced medicine in Bisbee and Phoenix and served as a public health official, including four years as State Superintendent of Public Health. A year as epidemiologist for the Illinois State Department of Health followed, and in 1917 Dr. Godfrey joined the New York State Health Department, where he has served successively as sanitary supervisor, epidemiologist, director Division of Communicable Diseases, director of Local Health Administration, Assistant Commissioner, and from 1936 to 1948, Commissioner of Health.

As a teacher, he has served as clinical professor of epidemiology at Columbia University and is professor of preventive medicine and public health at Albany Medical College. He served as a Captain for the Red Cross in Paris and southeastern Europe during the First World War, and was awarded the Order of St. Save by the Serbian Government. He is prominent in medical and public health organizations; having served as president of the American Public Health Association (1940) of the American Epidemiological Society, and of the Association of State and Provincial Health Authorities (1944) and being currently a member of the Technical Board of the Milbank Fund and a member of the APHA Governing Council. He is a member of the New York Academy of Medicine, Albany County Medical Society, New York State Medical Society and the American Medical Association.

Over the entrance to the great Archives building in Washington is the inscription *The past is prologue*— This is as true of men as of history. Dr. Godfrey is an example. His retirement from the New York State Commissionership of Health under the statutory age limitation, only marks the point in his distinguished career at which it becomes possible for him to concentrate his past experience and abilities on new and untried methods of health conservation. That he will follow this course seems inevitable. The lives of his father and mother and his own boyhood days were spent in military posts of the North Central and Western States where one kept his eyes on the horizons and worked hard at translating great ideals into realities. Such people never slow down or stop working. All his friends await with keen interest his further contributions to medical and public health science, sociology, and economics.

During all his pilot studies and administrative responsibilities he has always found time to be a counsellor and active participant in the promotion of voluntary health and welfare agencies. In recognition of these services the Committee on Awards takes great pleasure in extending to Dr. Edward S. Godfrey Honorary Life Membership in the American Social Hygiene Association.



EDWARD S. GODFREY, JR.



RHODA J. MILLIKEN

*Photograph of Dr. Godfrey by Bachrach; Miss Milliken by Harris & Ewing*

*Honorary Life Membership was conferred upon CAPTAIN RHODA J. MILLIKEN, Chief of the Woman's Bureau, Metropolitan Police Department of Washington, at the Social Hygiene Day Luncheon held by the District of Columbia Social Hygiene Society in Washington on February 2. WATSON B. MILLER, Chief of the United States Immigration Service, made the presentation. The Citation said:*

## RHODA JAMESON MILLIKEN, A.B.

"The development of women police," said Raymond B. Fosdick in 1920 in his book, *American Police Systems*, "is a factor of supreme significance. The possibilities of their work along preventive lines with women and girls, and with the conditions which affect women and girls, are almost immeasurable. . . ."

District of Columbia citizens of all ages are in a position to subscribe heartily to these principles, and can testify to their soundness from seeing them in daily practice. The Metropolitan Police Department of Washington was one of the first in the U.S.A. to set up a Woman's Bureau with a staff of specially trained policewomen, and to prove the community's continued confidence in this type of youth-protective work through the years by expansion of staff and facilities in proportion to other police services. The District of Columbia Women's Bureau, with its 35 policewomen, headed by Captain Milliken, is in fact known throughout this and other countries as one of the outstandingly successful protective services in the United States, among the Director's many extra-curricular contributions to human welfare is that of receiving from all parts of the world visitors who are anxious to learn how policewomen work and what results may be expected. Before leaving Washington these visitors realize that the excellent record and high esprit de corps of this Bureau are largely due to the training, experience, and altruistic leadership of "the Captain" herself.

Rhoda Milliken comes honestly by her interest and capabilities in such matters. Daughter of a distinguished member of the bar—her father, William A. Milliken, now in private practice in Washington, was formerly Dean of Vanderbilt University's Law School, and Assistant Solicitor General for the U. S. Post Office Department—she turned naturally to graduate work in social sciences at George Washington University following her graduation from Barnard College, Columbia University, in 1918. World War One found her serving as Chief Yeoman in the Code Section, Transatlantic Radio, for the U. S. Navy, but in January, 1919, she entered her chosen field in her hometown—she was born in Washington, June 21, 1895,—as a member of Washington's Metropolitan Police Department. Subsequently promoted to sergeant, lieutenant and captain, she became Director of the Women's Bureau in 1934.

Miss Milliken's affiliations with professional organizations and groups are partial indices to her national and community contributions of time and thought. Among other distinctions she is currently

Member of the National Commission on Children and Youth

Member of the Board of Directors of the National Conference of Juvenile Agencies

Member of the Steering Committee of the Continuing Committee of the National Conference for the Prevention and Control of Juvenile Delinquency

Vice-President of the District of Columbia Council of Social Agencies

Vice-President of the District of Columbia Social Hygiene Society

Vice-President of the Board of Directors of the District of Columbia Bureau of Rehabilitation

Member of the Board of Directors of Friendship House Settlement in Washington



In fact no committee or program dealing with social protection for Metropolitan Washington would be considered competent or complete without Captain Milliken's participation. Her Washington friends, associates, and constituents have cited her for many years as "the best man on the force!"

Honors have naturally accrued in recognition of such services. In 1945, when her Alma Mater, Columbia University, which had elected her to Phi Beta Kappa in 1918, called Miss Milliken back to receive the University Medal, the citation read, "for demonstration of women's participation in the protection of the public welfare." In electing her today to Honorary Life Membership in the American Social Hygiene Association, the Committee on Awards would like to add, "for help and guidance to youth in facing life's problems, in learning to fight fair and keep straight, with an eye on the goal of good citizenship."

*On the evening of February 3, at the Annual Dinner Meeting of the Missouri Social Hygiene Association, DR. LLEWELLYN W. SALE, on behalf of the Committee on Awards, presented Honorary Life Membership to DR. RICHARD S. WEISS, prominent in the Social Hygiene Program for many years. The Citation read:*

RICHARD S. WEISS, M.D.

Dr. Richard S. Weiss is being honored for a very great public service, which was extended over many years. The growth of the Missouri Social Hygiene Association and its acceptance by the community have been in no small measure due to his insight and his wisdom, and to his outstanding position in the medical profession. He knew as few could know the need for social hygiene education; he knew something of the extent of the cost of ignorance. He saw that education was neglecting a vital phase of human experience, and he saw the waste and wreckage that followed as a result of such ignorance.

Knowing that the health of the community depended not only upon a scientifically informed medical profession, but also upon public enlightenment, he has given generously of his time and energy to the cause of education. His expert knowledge of the venereal diseases and the means of their control were always available to the Association, and gave it the assurance that it had in its possession the most recent and best scientific data.

Dr. Weiss has been a life-long citizen of St. Louis. He belongs to St. Louis, but through his activities in national organizations and his scientific writings, his influence has become nation-wide. He graduated from Central High School and from the Washington University Medical School in St. Louis. He served his internship in St. Louis City Hospital from 1909 to 1910 and then engaged in general practice until 1914. Since that time he has limited his practice to dermatology.

His wife, the former Anna Newman, is also a St. Louisan. They have three children: Margaret Weiss Littmann, Richard M. Weiss, and Jacob L. Weiss.

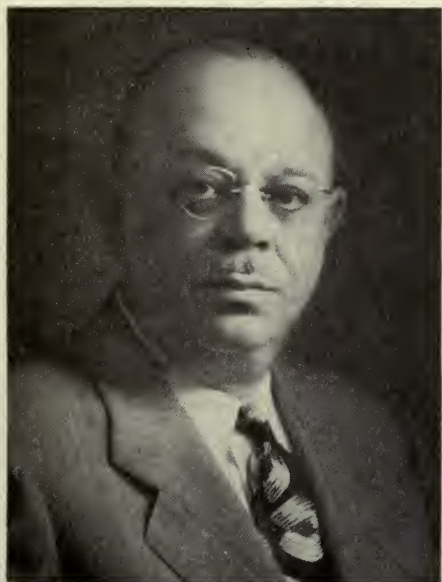
At present Dr. Weiss is serving either as Consulting Physician, Department of Dermatology, or as Visiting Dermatologist to:

St. Louis City Sanitarium, St. Louis City Infirmary, Barnard Free Skin and Cancer Hospital, Lutheran Hospital, Lutheran Orphans' Home, Jewish Hospital, Out-Patient Department, Jewish Hospital, Jewish Sanitorium, Barnes Hospital, St. Louis Children's Hospital, St. Louis Maternity Hospital, He is also Chief Dermatologist to St. Louis Children's Hospital, Chief Dermatologist to Barnard Free Skin and Cancer Hospital, and Chief of Dermatological Clinic Washington University Clinics.

His association with the School of Medicine of Washington University has extended over a period of close to thirty-five years. At present he is Professor of Clinical Dermatology at that institution. He had the distinction of being president in 1941 of the American Academy of Dermatology and Syphilology. He is also Diplomate of the American Board of Dermatology and Syphilology. He is a member of Alpha Omega Alpha Fraternity, and of the University Club and Westwood Country Club.

He has been a teacher of medicine for years—thus following the pattern of a man who truly loves his profession, and feels a pleasure in passing down his experience as a legacy to the public in the form of other well trained men and women. He is much esteemed by his students, and one of the most significant morning rounds at Barnes Hospital is the one he conducts for Fellows in Dermatology. Many leading dermatologists throughout the country chose that specialty as a result of his inspiration and training.

Dr. Weiss served as President of the Missouri Social Hygiene Association from 1937-1945 and is now Honorary President. Only those who worked with him during the many years in which he bore a large share of the burdens



RICHARD S. WEISS



WILLIAM A. HINTON

*Photograph of Dr. Weiss by S. Ashen-Brenner; Dr. Hinton by Waid Studio*

of the Association can know of the time and energy which he gladly gave to its problems. Only a profoundly generous spirit would have rendered such devotion to a public good.

The American Social Hygiene Association's Committee on Awards takes pleasure in inscribing the name of Dr. Weiss upon the Honorary Life Membership Roll. Those who know him like to think that the memory of this real service to his community, which he has so well performed, will be the source to him of an abiding satisfaction.

*The election of Dr. WILLIAM A. HINTON to Honorary Life Membership was signalized by a broadcast over Station WEEI, Boston, evening of February 4. Participating were GOVERNOR ROBERT F. BRADFORD,\* DR. GEORGE GILBERT SMITH, President of the Massachusetts Society for Social Hygiene, MR. PHILIP R. MATHER and Dr. HINTON himself. The Citation read:*

#### WILLIAM AUGUSTUS HINTON, M.D.

Distinguished scientist, leading serologist and public health bacteriologist

Wherever medical men and women talk about syphilis there will occur sooner or later a reference to "the Hinton test." The scientist whom we honor today is the designer and author of this widely used test. In his own state of Massachusetts the "Hinton test" has been in continuous use since its development in April, 1934, and the great State serological laboratory is popularly known as "the Hinton Laboratory." His test is widely applied in other states and is universally recognized for its relative accuracy.

Dr. Hinton's contribution to the serologic diagnosis of syphilis is however only one of his accomplishments. He has been a member of the faculty of the Harvard Medical School since 1915 and of Simmons College faculty since 1919. It is in his long career as a teacher that Dr. Hinton has found his greatest enjoyment. Hundreds of young doctors and laboratory scientists have come under his stimulating influence. He has the satisfaction of seeing his views on syphilis, considered radical 15 years ago, generally accepted today.

Few people in the United States and no one in Massachusetts have exerted such great influence on the fight against syphilis as has Dr. Hinton.

Dr. Hinton was born in Chicago on December 15, 1883, the son of Augustus and Maria Clark Hinton. In 1909 he married Ada Hawes and to this union two daughters, Anna and Jane, were born. Mrs. Hinton was recently recognized as one of the outstanding women of Boston—a tribute to her public welfare services.

\* It is interesting to note that Governor Bradford's father as Dean of the Harvard Medical School, appointed Dr. Hinton as instructor in Preventive Medicine and Hygiene.



Dr. Hinton attended the University of Kansas from 1900 to 1902 after which he transferred to Harvard College where he obtained the B.S. degree in 1905. Seven years later he received his doctorate in medicine from the Harvard Medical School.

Dr. Hinton's past and present professional positions include the following:

Instructor in Preventive Medicine and Hygiene, Harvard Medical School, 1915-1921

Instructor in Bacteriology and Immunology, Harvard Medical School, 1921-1946

Lecturer, Bacteriology and Immunology, Harvard Medical School, 1946 to date

Director, Laboratory Department, Boston Dispensary, 1915 to date

Chief, Wassermann Laboratory, Mass. Dept. of Public Health, 1915 to date

Lecturer, Simmons College, 1919 to date

Special Consultant, United States Public Health Service, 1935 to date.

Dr. Hinton is a member of the following learned societies:

American Medical Association

American Society of Clinical Pathologists

Society of American Bacteriologists

American Association for Advancement of Science.

Dr. Hinton has published the following:

*Syphilis and Its Treatment, The Hinton test for syphilis* and numerous other medical publications

The American Social Hygiene Association in recognition of Dr. Hinton's great contributions to medical science and to education has elected him to Honorary Life Membership in 1948.

DR. CARL V. REYNOLDS, *North Carolina State Health Officer since 1934, and another social hygiene pioneer, was elected to Honorary Life Membership. The presentation ceremony occurred on April 20, at Charlotte, at a meeting arranged by the North Carolina Social Hygiene Society. The Citation read:*

CARL V. REYNOLDS, M.D.

Twenty-eight years ago, Carl Vernon Reynolds, M.D., shocked a group of Asheville, North Carolina, churchwomen, to whom he was speaking with facts and figures about venereal diseases. His was a topic not then aired in parlors and churches. Encouraged by his hearers' response, Dr. Reynolds, at that time Asheville's health officer, printed his story of social diseases and distributed it widely through the State. From 1915 to the present day, this medical statesman has fought to rip away "the veil of ignorance" depicted in that early message.

In 1939, as North Carolina State Health Officer, he enlisted the financial assistance of the Reynolds family, tobacco manufacturers, in the fight against social diseases. An intense control program thus was started in North Carolina prior to Congressional action which launched the well-financed national program. Now, as for ten years past, there are more clinic stations open for treatment of VD in North Carolina than in any other State. The United States Public Health Service, the North Carolina State Board of Health, and the Zachary Smith Reynolds Foundation pooled funds in 1942 to establish at Raleigh, North Carolina, the Venereal Disease Education Institute, thus extending Dr. Reynolds' influence in the VD control movement as the educational devices developed by this agency flowed to other states and, during the war, to military installations.

During his entire administration, Dr. Reynolds has fought with considerable courage to rid his State of prostitution, and to place venereal disease control clinics within easy access of the population.

Public health education for many years has been a concern of Dr. Reynolds. Because of his leadership in this field, North Carolina was chosen in 1941 as the initial pilot area for demonstration programs in health education under joint auspices of the United States Public Health Service and the North Carolina State Board of Health.

The training of public health educators has also been a passion of Carl Reynolds. He was instrumental in establishing at the University of North Carolina the School of Public Health, with the late, great Dr. Milton Rosenau as its head. The School has sent well-trained persons to stations throughout the country, and its influence on public health work in the South has been incalculably great.

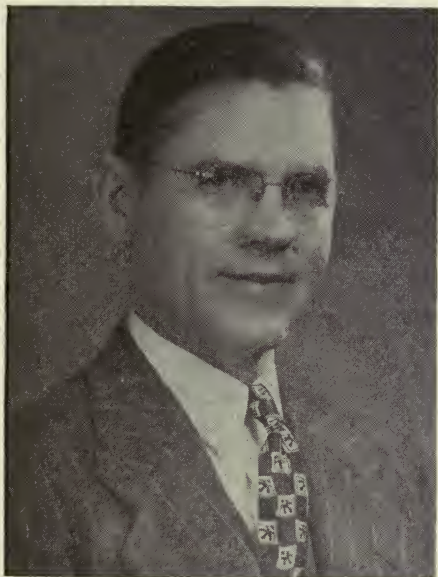
Dr. Reynolds was born at Asheville, North Carolina, June 13, 1872. He was the son of a doctor, one of a long line of medical men. He attended private school and later a military academy in his home town. He pursued literary studies at Wofford College, Spartanburg, South Carolina, and graduated from the University City of New York Medical College in 1895; at the latter institution, he was awarded the Valentine Mott Gold Medal for excellence in anatomy. He went to Brompton Hospital, London, for graduate training.

Tuberculosis was the young physician's specialty when he began practice in Asheville. Although he maintained a private practice until 1934, when he became State Health Officer, Dr. Reynolds determined early in his career to devote a part of his time to public health needs. He believed then, as he does now, that the individual physician has a responsibility not only to his patient, but also to the community surrounding that patient. A few of his positions of special public service or honor:

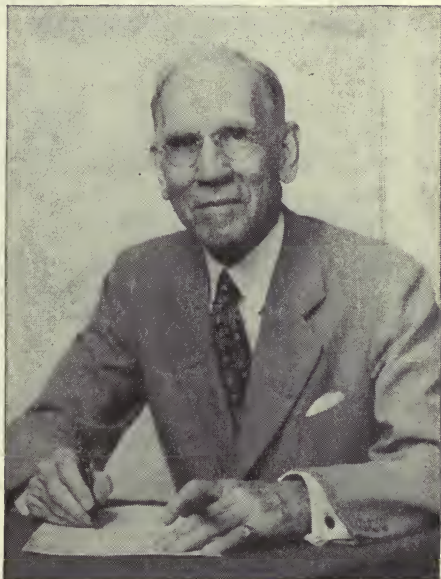
President of the State, Territorial and Provincial Health Authorities of North America; chairman of the Subcommittee on Public Health, Procurement and Assignment Service, Office of Defense Health and Welfare Services, 1941; president, Medical Society of North Carolina; vice-president, International Society of Medical Health Officers; member, National Committee of Malaria Prevention Activities.

Dr. Reynolds believes that as today's citizen becomes increasingly aware of his own health responsibilities the effect will appear more and more in morbidity and mortality rates. He believes the average span of human life can be extended beyond the present 65 years. The principal diseases today are chronic diseases. Preventive medicine has lessened the infectious diseases as a menace to long life, and preventive medicine has begun to make life more fruitful, he maintains.

In recognition of his pioneer work in the field of social hygiene—his consistent stimulation of education about venereal diseases, and his long-time efforts to repress prostitution—and in tribute to sound, foresighted work as a public health administrator, the Committee on Awards presents to Carl V. Reynolds, M.D., this Honorary Life Membership in the American Social Hygiene Association.



WILTON L. HALVERSON



CARL V. REYNOLDS

*Photograph of Dr. Reynolds by Massey; Dr. Halverson by Keeley Studios*

DR. WILLIAM L. HALVERSON, *State Director of Public Health for California since 1943, and a strong supporter of the social hygiene movement for many years, received Honorary Life Membership at a meeting held in San Francisco, on March 18, with DR. RAY LYMAN WILBUR, ASHA Honorary President, making the presentation. The Citation read:*



## WILTON L. HALVERSON, M.D.

Wilton L. Halverson, physician, public health administrator and educator, from the beginning of his brilliant career, has been a strong friend and dependable ally of local, state and national social hygiene work. As a physician, he has required the highest standards of medical care for the victims of syphilis and gonorrhea. As a public health administrator, he has instituted in local and state agencies and encouraged nationally the comprehensive modern attack on the venereal diseases with medical, educational and social weapons. As an educator, he has taught preventive medicine with due regard for the social factors in health and disease. His qualities of leadership, his wisdom and his generosity have raised him in a comparatively few years to a position of highest distinction among public health workers.

Grateful for his never failing support and in recognition of his outstanding service, the Committee on Awards is proud to confer on Dr. Halverson Honorary Life Membership in the American Social Hygiene Association.

## Biographical Data

Place of Birth: Litchfield, Minnesota

Date of Birth: June 30, 1896

Degrees: B.A., Union College, Nebraska, 1919  
M.D., College of Medical Evangelists, California, 1929  
Dr.P.H., Yale University, Connecticut, 1932

## Teaching

Assignments: Lecturer at the University of California, Los Angeles, 1934 to 1938  
Professor of Public Health and Head of Section, College of Medical Evangelists, 1934 to date

## Hospital

Appointments: Consulting Physician at Huntington Memorial Hospital in Pasadena, 1935 to date  
Senior Attending Physician at Los Angeles County General Hospital, 1936 to date

## Professional

Affiliations: Fellow of the American Medical Association  
Life Fellow American Public Health Association  
Past Vice President American Public Health Association  
Past President Southern California Public Health Association  
Chairman Committee on Administrative Practice, American Public Health Association, 1945 to date

Member Public Health Methods Study Section, United States Public Health Service, 1945 to date

Member Board of Scientific Directors, International Health Division, Rockefeller Foundation, 1944-1946; 1948-1950

## Vocational

## Affiliations:

District Health Officer, Los Angeles County, 1929-1931

Health Officer, Pasadena, 1934-1941

Health Officer, Los Angeles County, 1941-1943

State Director of Public Health, California, 1943 to date

CERTIFICATE OF AWARD AS PRESENTED TO HONORARY  
LIFE MEMBERSTHE AMERICAN  
SOCIAL HYGIENE ASSOCIATION*AWARDS*  
*HONORARY LIFE MEMBERSHIP**To**Committee on Awards*

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# THIRTY-FIFTH ANNUAL MEETING AMERICAN SOCIAL HYGIENE ASSOCIATION

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FEBRUARY 4, 1948

HOTEL PENNSYLVANIA, NEW YORK CITY

## ABSTRACT OF PROCEEDINGS OF THE BUSINESS SESSION

The Business Session of the Annual Meeting was held at 9:30 A.M. with Dr. William F. Snow, Chairman of the Board of Directors, presiding, and a quorum of members attending.

The documents and reports presented, and approved by Association members, have been placed on file for inspection.

### REPORT OF THE BOARD OF DIRECTORS

WILLIAM F. SNOW, M.D., *Chairman*

Dr. Robert P. Fischelis, Secretary, reported that in conformity with the By-laws and Regulations the usual reports from the following had been received and approved by the Board at its meeting February 3:

The Executive Committee, including the Annual Report of the Executive Director; the Finance Committee; General Advisory Board; Committee on Awards; and Committee on International Relations and Activities.

In accordance with established procedure, the Board also presented the Corporation Report for 1947, reports of the Treasurer and Auditor, as required by the Membership Non-profit Corporations Laws of New York State and the By-laws of the Association.

In addition to four regular meetings of the Board during the year 1947, many of its members through interim service on various committees, kept in close touch with Association activities. The minutes and actions of the Board and supporting documents have been filed for reference.

### REPORT OF THE EXECUTIVE COMMITTEE

BAILEY B. BURRITT, *Chairman*

The Committee has continued to have the responsibility of representing the Board of Directors in matters of Association policy arising between meetings, and of supervising the program and expenditures of the Association in accordance with plans and estimates approved by the Board and carried out by the Executive Director. Attention is directed to the report of activities for 1947, as prepared by the Executive Director and the staff, as published in the March JOURNAL OF SOCIAL HYGIENE and preprinted for separate circulation.\*

\* *Has the Tide Turned? Annual report of the American Social Hygiene Association for the Year 1947.* Walter Clarke, M.D. Preprinted as Pub. A-707. (Free on request.)



Committee approval has been given to continued cooperation in the program of the National Social Welfare Assembly, the National Health Council, including the National Health Library, and to participation in special events such as the National Conference on Health Education, the National Conference on Family Relations and the White House Conference on Family Life, to be held in May, 1948.

The Committee approved assignment of Association staff and facilities for operation of the Regional Office for the Americas of the International Union against the Venereal Diseases, and sent two delegates to the Union's General Assembly in Paris, in October.

The budget of \$400,000 as presented by the Finance Committee for the year 1948 was approved by the Executive Committee.

See reports of the Finance Committee, the Executive Director and the Treasurer.

### REPORT OF THE TREASURER

TIMOTHY N. PFEIFFER

During the calendar year 1947 the Association's income totalled \$342,434.75, made up as follows:

1. Contributions:	
United Service Organizations.....	\$ 75,000.00
National War Fund.....	55,000.00
Community Chests .....	70,252.10
Other contributions .....	127,428.35
Total income from contributions.....	\$327,680.45
2. Sales of publications and materials.....	9,271.79
3. Membership dues and subscriptions to JOURNAL OF SOCIAL HYGIENE .....	4,460.64
4. Miscellaneous income .....	1,021.87
Total income from all sources.....	\$342,434.75

Expenditures in 1947 amounted to \$315,050.54, including payments made to staff members for salaries on cooperative projects with the United States Public Health Service, in the amount of \$37,666.66.

The Association began the year 1948 with a net worth of \$111,198.22, consisting of:

Cash on hand .....	\$110,478.83
Securities .....	6,997.50
Accounts receivable .....	4,154.48
Total assets .....	\$121,630.81
Less liabilities: Accounts payable and accrued expense.....	\$ 10,432.59
Net worth .....	\$111,198.22
Held for William F. Snow Medal Fund....	\$ 361.13
General Funds .....	\$110,837.09
	<u>\$111,198.22</u>

The books of the Association were audited and a copy of the auditor's report has been submitted.

## REPORT OF THE FINANCE COMMITTEE

PHILIP R. MATHER, *Chairman*

This Committee made its report to the Board of Directors on the basis of the campaign year 1947, which differed from the fiscal or calendar year, in that it included items received in 1946, to be used in 1947, and excluded items received in 1947 for the ensuing year. Under the leadership of William Martin Jeffers as Honorary Chairman and the continued active assistance of members of the Board and Executive Staff, the national campaign gained the support and cooperation of many individuals and groups who believe in the intrinsic worth of the social hygiene program. While its main emphasis for the year was on the continuance of support from community chests or other local, state or national federations, where this plan proved impractical, direct solicitation by local chairmen or sponsors was undertaken. The total sum achieved represented Association participation in 74 community chests in 29 states and contributions from 7,020 individuals (a 17 per cent growth in number over any other period in the Association's history) under the active sponsorship of 159 chairmen or committeemen.

One of the important phases stressed in the Committee's work during 1947 which will be a continuing project for 1948 was to reactivate the pre-National War Fund larger contributors.

## REPORT OF THE GENERAL ADVISORY BOARD

JOHN H. STOKES, *Chairman*

The Board, which was reactivated early in 1946, now includes 50 persons experienced and able to speak with authority in the various fields of social hygiene work. Work proceeds through two groups of Committees. Activities in 1947 have included: I. Division Reference Committees. II. Special Purpose Committees.

*Division Reference Committees*1. *Committee on Medicine and Public Health*

*Chairman*, Dr. Thomas B. Turner. *Secretary*, Dr. Walter Clarke.

Conferences have been held with the Chairman and with several members of the Committee on special problems, and valuable advice has been received.

2. *Committee on Law Enforcement and Social Protection*

*Chairman*, Charles P. Taft. *Secretary*, Paul M. Kinsie.

The Secretary has been in regular communication with members of the Committee on matters relating to the work of the Association's Division of Law Enforcement and Social Protection, and special activities in this field in various communities. A project which has had some guidance and cooperation from the Committee has been the preparation and publication of 1946 Supplements for the *Digest of Venereal Disease Laws and Regulations* and the *Digest of Laws Dealing with Prostitution*.

3. *Committee on Education and Special Problems*

*Chairman*, Professor W. Carson Ryan. *Secretary*, Mrs. Betty A. Murch.

There have been a number of meetings of a working sub-committee and a good deal of time devoted by the Committee Secretary to keeping in touch with the members. A statement of principles on Education in the Schools regarding Personal and Family Relations is completed and after approval by the Association's National Committee on Education is to be published in the JOURNAL OF SOCIAL HYGIENE. This has been a large and important undertaking.



4. *Committee on Membership and Finance*

*Chairman*, Mr. Philip R. Mather. *Secretary*, J. Patrick Rooney.

The members of this Committee have advised with the Association Finance Committee in securing contributions in 1947 towards the Association's expenses from 74 community chests in 29 states, and direct contributions from 7,020 individuals, as described in the Finance Committee's report. The Committee reports that the membership of the Association now includes 20,000 individuals.

5. *Committee on Public Information and Publications*

*Chairman*, Ray H. Everett. *Secretary*, Jean B. Pinney.

The Committee has served as the Editorial Board for the JOURNAL OF SOCIAL HYGIENE, and *Social Hygiene News*, during the year, and has also reviewed numerous pamphlet and book manuscripts submitted for publication by the Association's Publications Service. Guidance has also been given in revising previous editions of a number of stock pamphlets.

6. *Committee on Community Service*

*Chairman*, Dr. Donald B. Armstrong. *Secretary*, Eleanor Shenehon.

The Secretary has been in touch, by correspondence and conference, with all members of the Committee on a variety of matters of national, state and community interest and importance.

*Special Purpose Committees*

1. *Joint Committee of the American Pharmaceutical Association and the American Social Hygiene Association*

*Chairman*, Dr. Robert P. Fischelis. *Secretary*, Dr. Walter Clarke.

This Committee has been active throughout the year, and special reports of work are on file.

2. *Committee on International Relations and Activities*

*Chairman*, Dr. William F. Snow. *Secretary*, Jean B. Pinney.

The Association's Liaison Office for International Agencies and Activities and the Regional Office for the Americas of the International Union against the Venereal Diseases have been operated during 1947 under the auspices of this Committee, and separate reports have been filed.

Other Special Purpose Committees authorized by the Board of Directors are:

3. *Committee on Religious and Moral Influences and Training*4. *Committee on Marriage and Family Conservation*5. *National Venereal Disease Committee*6. *National Education Committee.* (See note on work of Division Reference Committee on Education and Special Problems.)7. *National Law Enforcement Committee*8. *Committee on Industrial Health*

With the exceptions noted, no special activities on the part of these Committees have been reported to the Chairman or Secretary of the General Advisory Boards. It is recommended:

1. That the Association's Divisional Staff be encouraged to recommend such additions to the Division Reference Committees as seem desirable for the wise conduct of the Divisional work, and that the Chairmen and Secretaries of the Special Purpose Committees do likewise. It is especially recommended that such additions be made with a view to strengthening geographical representation.

2. That the Association's staff be urged to make full use of the experience and guidance available through these fine groups of advisers, and that the Committee secretaries be responsible for reporting regularly to the Committee members.

3. That the functions of and need for such of the Special Purpose Committees as have not yet been reactivated for postwar service be studied with a view to completing the membership or, if the Committee seems no longer necessary, to discharging from further duty such members as still make up these groups.



REPORT OF COMMITTEE ON INTERNATIONAL RELATIONS  
AND ACTIVITIES

On May 1, 1946, when the Association's Liaison Office for International Social Hygiene Agencies and Activities was set up in the New York headquarters to "serve as needed during the transition from war to peace," it was thought of as an interim means of meeting emergency social hygiene needs and problems which might within a year or two be taken care of by official and voluntary international agencies, or by the appropriate national agencies in each country.

In the twenty months since then it has become clearer each day that, while it is believed that the "interim" principle should still hold, it will be a long time before world-wide services in social hygiene can be organized or sustained to an extent to deal adequately with the great and growing demands, and that the Association, with its wide experience and its comparatively stable position in an economically and socially stable country, must be prepared to stay by for some years to come.

Emergency needs are naturally greatest in the occupied and liberated countries, where war-born venereal diseases are still epidemic and war-torn emotions and living conditions make for moral looseness and low standards.

But the requests for advice, for help in planning action, for materials—books, pamphlets, films—both for professional workers and the public, come as frequently from the more fortunate countries, which, like our own, were never invaded by panzer units or kamikaze planes, but which still are fighting a war—a long-range battle against VD and prostitution and other enemies of family life and national strength.

This report tries, in its *High-lights of 1947 Activities* and the proposed *Program for 1948*, to give a quick summary review of work done in the past year and a forward look at future efforts. Further information will gladly be provided on any project or detail of these efforts and plans, and suggestions and comment will be welcomed.

## Members of the Committee for 1947

William F. Snow, M.D., *Chairman*  
Jean B. Pinney, *Secretary*  
Robert H. Bishop, Jr., M.D.  
Hugh S. Cumming, M.D.  
Maj. Gen. G. C. Dunham MC (ret.)

Maj. Gen. M. W. Ireland MC (ret.)  
Baseom Johnson, LL.B.  
Thomas Parran, M.D.  
Wilbur A. Sawyer, M.D.  
Ray Lyman Wilbur, M.D.

## HIGH-LIGHTS OF 1947 ACTIVITIES

The Association's program for international service goes forward through four main groups of activities:

1. Liaison and consultant service for the United Nations and the UN Specialized Agencies.
2. Operation of a Regional Office for the Americas for the International Union against the Venereal Diseases.
3. Operation of a Liaison Office for International Social Hygiene Agencies and Activities.
4. General activities in behalf of the Committee on International Relations and Activities.

The staff assigned consists of a part-time Director, an Assistant Director, and a secretary. Members of the Committee on International Relations and Activities, and other officers and staff members of the Association have been generous in giving time for attendance at international events and advice on special problems, and a fine group of volunteer workers have furnished helpful assistance in translating and typing material from and into other languages. The types of service provided, and the extent of the demands, are indicated here in brief and by the maps in Figures I and II.

*Service of Information and Materials to*

- 57 different countries
- 61 international and national agencies
- 50 U. S. Information Centers in liberated countries and to U. S. Army Centers and "youth activity" groups in occupied countries
- 20 members of United Nations staffs

*Type of Service Provided*

Interviews and correspondence on general programs, special problems; provision of books, pamphlets, films, JOURNAL OF SOCIAL HYGIENE, and graphic materials.

*Examples of Service*

Several European countries asked for copies of all social hygiene films. . . . A number of Latin American countries requested suggestions for organizing national social hygiene programs. . . . The Argentine magazine *Vive Cien Anos (Live a Hundred Years)* asked permission to publish a Spanish edition of the Association's book *Corky the Killer*, and the text and illustrations appeared in three subsequent issues. . . . The Army Medical Library in Washington was regularly supplied with extra copies of foreign medical magazines. . . . Dr. Snow's illustrated article, *The American Social Hygiene Association, Some Notes on History, Organization and Background*, was translated into Spanish, French and German and publication arranged. . . . Through cooperation with the British Royal Medical Society and the Rockefeller Foundation, microfilms of the JOURNAL OF SOCIAL HYGIENE as issued during the war years, were made available to the Orvoskari Konyvtar, Budapest, and the University of Paris.







*Participation in Ten International Conferences (See map, Figure I.)**Type of Service Provided*

Addresses and reports prepared and presented before the various delegations. Exhibits shown and literature and other materials distributed.

<i>Events</i>	<i>Place and Time</i>	<i>Representatives</i>
Twelfth Pan American Sanitary Conference & Second Pan American Conference on Health Education	Caracas, Venezuela January	Surgeon General Thomas Parran, Dr. Hugh S. Cumming (as members of the Committee on International Relations and Activities). Mrs. Bertha Hess Riley.
Congress of the International Council of Nurses	Atlantic City, N. J. May	Mrs. Josephine V. Tuller
Fifth Annual Meeting of the United States-Mexico Border Public Health Association	San Diego, Calif., & Tiajuana, Baja Calif. May	Dr. G. G. Wetherill
Joint Meeting of the State and Provincial Health Authorities and Canadian Public Health Association	Quebec, Canada May	Dr. William F. Snow
Regional Conferences— UNESCO	Denver, Colorado May Philadelphia, Pa. July	Miss J. J. Albrecht and Mrs. A. W. Wearner Mrs. Dwight S. Perrin
Congress of the International Abolitionist Federation	Brussels, Belgium September	Prof. René Sand
Triennial Convention, International Council of Women	Philadelphia, Pa. September	Mrs. Perrin
General Assembly, International Union against the Venereal Diseases	Paris, France October	Dr. Snow, Miss Jean B. Pinney and Dr. John R. Heller, Jr.
Second General Conference, UNESCO	Mexico City November	Mr. Bernard H. Flurscheim

In each of these meetings, the representatives mentioned took an active part in presenting social hygiene viewpoints and recommending needed action. At the International Union's General Assembly in Paris, Dr. Snow was re-elected President for the year 1948, and Dr. Heller was elected a Technical Counselor. Miss Pinney's report on the work of the Regional Office for the Americas was used as a basis for consideration of setting up other regional offices. At the UNESCO Conference, Mr. Flurscheim presented a plan for an international microfilm service. At the Congress of Nurses 600 persons from 28 countries registered at the exhibit booth, selected literature, and many of these later visited us or wrote for other material.

*Field Visits Made to 25 Countries*

As shown by the Map (Figure I), most of the countries in Central and South America were visited (by Mr. Bernard Flurschein, as a representative of the International Union and its Regional Office for the Americas). Dr. Snow and Miss Pinney, while in Europe in connection with the Union's General Assembly, visited most of the countries in Western Europe.

*Type of Service Provided*

Several hundred persons have thus been talked with in their homelands about their views of social hygiene problems in their countries and internationally, and their immediate needs for combating these problems.

Important among these visits were those to the U. S. Information Centers and libraries operated in Europe; and study of their needs for educational materials in addition to those already provided. Centers in Paris, Stockholm, Oslo, Copenhagen, London, and elsewhere expressed a wish to have back numbers of the JOURNAL OF SOCIAL HYGIENE to supplement the current issues. Much interest was shown in American social hygiene films, and ways and means of providing these materials are being discussed with the U. S. Department of State's Informational Division.

*Among foreign visitors forty distinguished representatives from 21 countries* came to the Liaison Office to study source materials.

*Type of Service Provided*

For most of these, in addition to extensive interviews with the Association's officers and divisional staff, observation trips and itineraries in New York and elsewhere, were arranged over periods ranging from a week to a month.

*Examples of Service*

A dermatological specialist from the Department of Health, Argentina, spent several days in conference with Association staff members and consultants concerning problems of venereal disease and commercialized vice.

The Chief Social Worker in Community Hospitals, Copenhagen, Denmark, was furnished with suggestions on social work problems relating to VD, and letters of introduction and an itinerary in six eastern and middle-west cities, to observe programs in action, was planned for her.

The President of the Dutch Society against VD, Professor of Dermatology at Utrecht University, was provided with information on all phases of social hygiene, to aid in his study of United States methods.

Basic materials and guidance for a general social hygiene program were given to the Chief Physician, State Hospital for VD, Helsinki, Finland, who is also a vice-president of the Finnish Social Hygiene Association. Another visitor from Finland was the Secretary of

the Gynecological Association, who wanted data on educational projects in schools and universities, and books for a reference library.

The Counselor on Public Health, French Embassy, Washington, D. C., was a frequent visitor through the year. A special bibliography as a basis for a reference library in France was provided.

Introductions and arrangements were provided for clinic visits for a woman physician from Teheran, Iran, who is studying VD among women and children.

Films were shown and reference library suggestions and other materials provided for a WHO fellowship student from Poland.

### *Special Liaison and Consultant Service for the United Nations*

Personal contact is maintained and services of information and materials provided for the following units of the United Nations:

#### *UN Secretariat*

Department of Social Affairs  
Division of Social Activities  
Social Defense Section  
Family Protection Section  
Child Welfare  
Youth Guidance  
Social Welfare Section  
Division of Public Health Activities

Department of Administrative Affairs  
Section on Non-Governmental  
Organizations

#### *Economic and Social Council*

Social Commission  
Commission on Human Rights  
Commission on the Status of Women  
Temporary Social Welfare Committee

Department of Public Information  
Section on Non-Governmental  
Organizations

#### *UN Specialized Agencies*

World Health Organization  
UNESCO

### *Examples of Service*

The libraries and staffs of all these units have been regularly provided with the JOURNAL OF SOCIAL HYGIENE and selected publications.

Special aid has been given in preparation of bibliographies on special topics.

The JOURNAL OF SOCIAL HYGIENE, through its department on *World News and Views*, informs its readers on current developments in the UN.

After helping to frame the recommendations which were adopted by the Social Commission, the Economic and Social Council and the General Assembly, in the course of UN assumption of League of Nations' responsibility regarding international traffic in women and children, aid was given to the UN Division of Social Activities in organizing a United States "working party" to study this problem further. The Association's Senior Legal Consultant, Bascom Johnson, serves as chairman of the "working party," which is at present concerned particularly with revising the League's 1937 Convention for approval by the nations.

Continued close contact is kept with the VD program of the World Health Organization, both at the Geneva office and the New York headquarters, with exchange of information, materials and opinions.



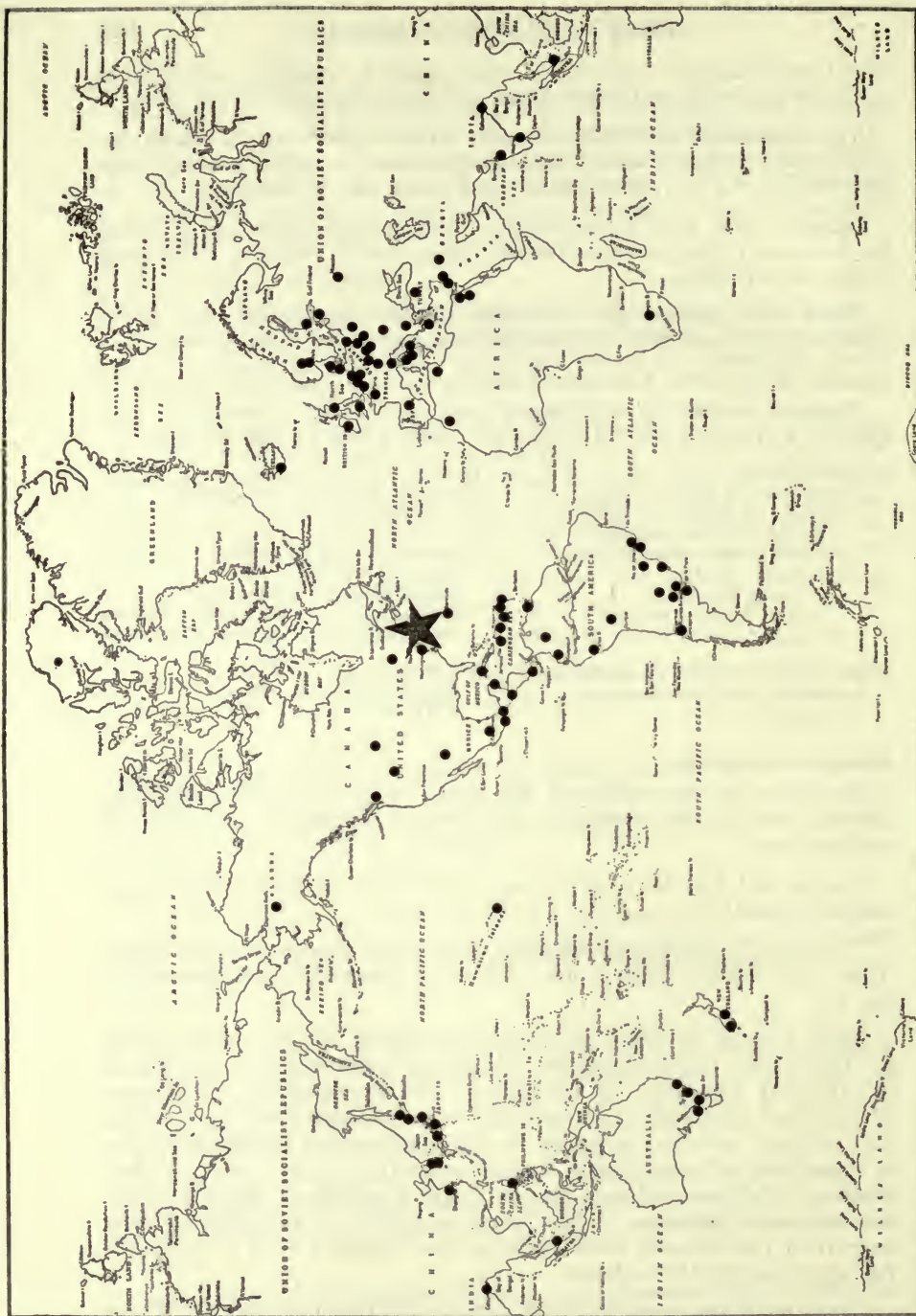


Figure II  
Books, Films, Pamphlets and Other Materials, and Special Correspondence in 1947



United  
Nations  
Headquarters  
New York



Special  
correspondence  
and literature,  
films and  
exhibits sent  
to other  
countries

## PROGRAM FOR 1948

Activities for the coming year are planned to continue along the same lines as heretofore, with special emphasis as indicated below:

*General Program for 1948*

1. General service of information and materials.
2. Operation of a Regional Office for the Americas for the International Union against the Venereal Diseases.
3. Cooperation with international agencies.
4. Cooperation with international units of Federal and national voluntary agencies in the United States.
5. Cooperation with national social hygiene agencies in other countries.
6. Liaison and consultant service to the United Nations and the UN Specialized Agencies.

*Special Projects for 1948*

1. Participation in the following meetings:

(1) International Union against the Venereal Diseases, especially the General Assembly planned for September in Copenhagen, Denmark.

(2) Second Central American Conference on Venereal Diseases, expected to take place in Guatemala in April.

(3) Annual Meeting of the United States-Mexico Border Public Health Association, to be held in March, at Laredo, Texas and Nuevo Laredo, Mexico.

(4) International Conference of Social Work, to be held in Atlantic City in April.

(5) The First World Health Assembly, so far as participation is feasible by voluntary organizations. This event is announced for June 24, at Geneva.

(6) Other national and international events and activities relating to social hygiene programs.

2. Continued study, with social hygiene agencies in other countries, of the proposal made by one of the American republics that the entire Western Hemisphere might celebrate Social Hygiene Day at the same time.

3. Continued cooperation in enlistment of women's groups in social hygiene efforts in their respective countries.

4. Continued study of social hygiene educational materials suitable for adaption to various countries, and of practical ways and means for their circulation. A special memorandum recently prepared on this subject follows: (*Please see pages 186-188.*)

5. Publication of special reports and materials for professional workers, an example being the article *International Aspects of the Venereal Disease Problem*, by Dr. Thorstein Guthe, WHO VD Expert



and Dr. John C. Hume of Johns Hopkins School of Hygiene and Public Health, et al., which appears in the February JOURNAL OF SOCIAL HYGIENE; and the *Summary Report of the Proceedings of the General Assembly 1947, International Union against the Venereal Diseases*, which will also appear shortly. Another example is the bibliography, *Syphilis: A Review of the Recent Literature, December, 1946*, by Joseph Earle Moore and Frank W. Reynolds, which is being translated into Spanish and published through the courtesy of the *Puerto Rico Journal of Tropical Medicine*.

6. Collection of social hygiene laws in the other American republics for inclusion in the proposed new edition of such laws throughout the world, planned for publication by the International Union against the Venereal Diseases.

#### FINANCES

The budget approved by the Board of Directors and the Finance Committee for the year 1947 called for \$27,000. Towards this amount it was found possible to provide only \$18,833.03, for the purposes described. For the year 1948 a budget of \$25,000 was submitted to the National Budget Committee at its hearing arranged last May 27th. This was approved and used as a basis for soliciting contributions from various sources. However, the Finance Committee and the Executive Committee, on the basis of funds so far received for 1948 expenditures, have been obliged to specify a minimum of \$18,640.00 as a working budget for the year, subject to consideration of further action if additional funds become available.

While realizing the difficulties in this situation, the Committee on International Relations and Activities hopes that recognition of the special needs and the great opportunity before us at this crucial time in world affairs will result in securing financial support to at least the extent of the approved \$25,000.

#### Memorandum on

#### Needs for Social Hygiene Educational Materials and Field Service in Other Countries

A special project of the Liaison Office for International Social Hygiene Agencies and Activities since it began work in the Spring of 1946 has been the continued study of requests made and needs expressed for social hygiene cooperation and of educational materials suitable for adaption to various countries, and of practical ways and means for their circulation. This study has been carried on through:



1. Analysis of requests received (1) By mail. (2) From visitors from other countries.
2. Discussion with other international agencies, with the United Nations and with the U. S. State Department staff.
3. By field interviews in about 25 countries.

### Services Needed

On the basis of this experience, the following conclusions are submitted: The most urgent needs at present seem to group themselves as:

1. The need of professional workers in war devastated countries, physicians, nurses, social workers, teachers, et al. for information on social hygiene developments, methods and materials to bring themselves up to date.

2. The desire in all countries of these groups, and of progressive civic workers cooperating with them, for help in organizing community action against the venereal diseases, commercialized prostitution, and for protection of youth and the family and other social hygiene problems.

3. The need for education of the public for their own protection and to enlist community interest. Materials for young people are especially needed, to combat the lowering of moral standards due to wartime dislocations.

### Recommendations

On the basis of experience thus far in meeting these needs so far as possible, the following recommendations are made:

1. *Close cooperation between all international organizations and national agencies concerned should be maintained* by means of regular liaison services, personal interviews, correspondence, exchange of publications, attendance at conferences and meetings, etc.

2. *Field service to other countries should be expanded greatly.* Field parties, comprising teams of workers skilled in venereal disease control, social welfare, education, community organization and other fields of social hygiene work, to be stationed in an area or country for necessary periods of time, should be provided. A demonstration project in a selected area has been suggested as a pattern for such work and as proof of results to be obtained.

3. *Educational and informational materials for scientific and professional workers should be circulated to a much greater extent than now exists.* Such publications as the JOURNAL OF SOCIAL HYGIENE and the *Journal of Venereal Disease Information*: technical outlines and guides in all phases of social hygiene work; of graphic materials for teaching purposes; and of technical motion picture films and slides, should be provided for all countries. Microfilms should be used as rapidly as facilities and services can be developed.

4. *Social hygiene books, pamphlets, posters, films and other materials for education of the people, especially young people, should be provided in greatly increased volume on a world-wide scale, and new*

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materials should be constantly developed. Some materials, especially United States motion picture films, can be used "as is" in some countries, but sound tracks must be translated, and other changes made for use in most countries. This is true also of most popular literature.

### Problems of Financing Such Projects

It is evident that full-scale development of such projects would require far greater resources in money and personnel than are now available collectively from international and national organizations and special contributions. For example, the expense for five special projects which have been widely discussed as of great international importance has been estimated as follows:

<i>For development of field services, through field parties..</i>	<i>\$ 70,000</i>
<i>For a demonstration of international cooperation methods in a selected area.....</i>	<i>100,000</i>
<i>For establishment of microfilm service and motion picture film service .....</i>	<i>20,000</i>
<i>For provision of technical periodical publications, books, pamphlets and graphic materials for the libraries and Information Centers conducted by the U. S. State Department in liberated countries, by the U. S. Army in occupied countries, and by the United Nations in vari- ous areas, and for direct distribution to other countries..</i>	<i>5,000</i>
<i>For production and circulation of popular publications and materials for public education, and aid in adapting these to the use of various countries and languages.....</i>	<i>5,000</i>
<i>Estimated total expense.....</i>	<i>\$ 200,000</i>

The Officers and staff of the American Social Hygiene Association have been consulted and asked to participate in all these proposals for international developments and cooperative projects for both governmental and non-governmental organizations.

Careful consideration has been given to the part which could be taken by governmental and non-governmental agencies such as the World Health Organization and national health services, the International Union against the Venereal Diseases and national associations like the American Social Hygiene Association. If funds were available notable advances could be counted on through united international action along these lines.

The cooperation of all sources that suggest themselves to friends and members of the Association is urgently invited, for only by the whole-hearted effort of all who can assist in any way in this most challenging opportunity for world-wide service can we hope to fill the spiritual and intellectual needs of our fellow workers and our fellow men in other lands. And this hunger for knowledge and communion is no less sharp and compelling, no less destructive in its effects, than the actual physical hunger and hardships which many of them have known and still know.



## COMMITTEE ON AWARDS

RAY LYMAN WILBUR, M.D., *Chairman*

During 1947 the Committee continued to collect names and biographical data of those whose services to the social hygiene movement, both here and in other countries, should be recognized and recorded.

As recorded elsewhere in this number of the JOURNAL, the Committee designated Philip R. Mather as 1948 recipient of the William Freeman Snow Award for Distinguished Service to Humanity, arranged for a special tribute to be presented to Dr. Edward L. Keyes, retiring Honorary President, and elected six social hygiene leaders to Honorary Life Membership in the Association.

## REPORT OF THE COMMITTEE ON CREDENTIALS

HARRIET S. CORY, M.D., *Chairman*

In accordance with the By-laws this Committee checked the attendance of the Annual Meeting and declared that there was a quorum of members present.

During 1947 the Committee functioned in a membership capacity, and reported the total membership of the Association to be 20,977, made up as follows:

Contributory members, through contributions, 1947.....	7,020
Past contributory members.....	3,874
Continued contributory members resident in participating community chest areas.....	6,516
Members other than contributory—life, sustaining, honorary corresponding, collaborating and society.....	1,911
Current membership subscribers.....	181
Continued membership subscribers.....	1,475

## REPORT OF THE COMMITTEE ON RESOLUTIONS

OREL J. MYERS, *Chairman*

This Committee, functioning as a standing committee to receive recommendations and resolutions submitted during the year, arranged for interim disposal of most of the questions submitted since the last Annual Meeting.

The resolution customarily adopted each year was introduced and approved:

RESOLVED, that the acts and proceedings of the Board of Directors, of the Executive Committee, and of the Officers of this Association heretofore had, be and the same are hereby ratified, adopted, and approved, and made the acts and proceedings of the Association at this meeting, to take effect as of the several dates on which the acts and proceedings purport respectively to have been had.

A special resolution was adopted in memory of the following social hygiene pioneers and active workers:

Dr. Percy S. Pelouze, Josephus Daniels, Dr. Fred T. Murphy, Dr. John Herr Musser, Henry James, Howard W. Knight, Dr. Walter Minson Brunet, and Dr. Mary Woolley.



## REPORT OF THE COMMITTEE ON NOMINATIONS

GEORGE J. NELBACH, *Chairman*

Officers and members of the Board of Directors were nominated and elected as follows:

*Honorary President:* Ray Lyman Wilbur, M.D., Palo Alto, California

*President:* Philip R. Mather, Boston, Massachusetts

*Chairman of the Board of Directors:* William F. Snow, M.D., New York

*Secretary:* Robert P. Fischelis, Red Bank, New Jersey

*Treasurer:* Timothy N. Pfeiffer, New York

*Honorary Vice-Presidents:* Rev. Alphonse M. Schwitalla, S.J., St. Louis, Missouri; Major General Merritte W. Ireland, MC (retired), Washington, D. C.; Major General Irving J. Phillipson (retired), Passaic, New Jersey; Reginald E. Gillmor, New York.

*Vice-Presidents:* Louis I. Dublin, M.D., New York; Hon. Frances Payne Bolton, MC, Cleveland, Ohio; Ernest Boyd MacNaughton, Portland, Oregon; Charles S. Johnson, Nashville, Tennessee.

*Board of Directors*

For a period of three years: Donald B. Armstrong, M.D., New York; William S. Henson, Dallas, Texas; Mrs. Leslie Cutler, Needham, Massachusetts; Alan Johnstone, Newberry, S. Carolina; Rabbi Julius Mark, Nashville, Tennessee; Thomas Parran, United States Public Health Service; Mrs. Harper Sibley, Rochester, New York.

To fill an unexpired term ending December 31, 1949: Robert M. Owthwaite, Topeka, Kansas.

## STANDING COMMITTEES FOR 1948

The appointment of the following standing committee members by President Mather for the year 1948 was announced:

*Committee on Nominations, George J. Nelbach, Chairman*

A. J. Chesley, M.D.

F. G. Scherer

Mrs. David C. Prince

Mrs. S. W. Miller

*Committee on Credentials, Harriet S. Cory, M.D., Chairman*

Robert P. Fischelis

Jacob A. Goldberg

Lawrence Arnstein

Carl F. Wilzbach, M.D.

*Committee on Resolutions, Alan Johnstone, Chairman*

Roy E. Dickerson

Honorius Hughes

P. K. Houdek

Daniel Howell

The Business Meeting adjourned at 10:30 A.M.

## ANNOUNCEMENTS

**Last Month.**—Dr. Clarke's Annual Report on Association activities, *Has the Tide Turned?*, is still available in reprint form in limited quantities, without charge. Ask for Pub. A-707.

**This Month.**—When Surgeon General Parran prepared his annual progress report on the campaign against syphilis, as it appears in this issue of the JOURNAL none of us knew that it was to be his final pronouncement on this subject as head of the national Public Health Service. *Are We Stamping out Syphilis?* becomes thus not only the usual helpful evaluation to which his twelve-year habit has accustomed social hygiene workers, but a final directive from a great national leader in this field. We preprinted it for distribution at the Annual Luncheon Meeting where it was given, and copies are still available from the ASHA Publications Service for 10 cents each. Ask for Pub. A-708. The whole Anniversary Number 35 cents postpaid.

**Next Month.**—The May JOURNAL will provide further reports on special social hygiene aspects as discussed at the New York Regional Conference in February. . . . Of unusual interest are the reports on the Army's new social hygiene program as given by Major General John M. Devine in *Social Hygiene at the Universal Military Training Experimental Unit* and Captain George J. Carroll's remarks on *Venereal Disease Control in the First Army Area*. . . . Dr. Thomas B. Turner, in *Penicillin in the VD Control Program*, brings us up to date. . . . A summary of the Panel on *Marriage and Family Life in Universities under the GI Bill of Rights*, gives a glimpse of what was called one of the most interesting program items. . . . This issue of the JOURNAL 35 cents postpaid as usual.

**The June Journal.**—The Fifteenth Annual Library Number will feature a new and valuable report, by the ASHA Educational Committee, on *Education for Personal and Family Living*. Dr. J. A. Goldberg served as Editor for the Working Group which prepared this statement, designed for the special interest of teachers and community leaders. We preprinted it as Pub. No. A-715. 15 cents a copy.

**Spring Lists.**—New editions have just been issued of the following basic bibliographies: *A Classified List of Social Hygiene Pamphlets* (Pub. No. A-444), *The Social Hygiene Bookshelf for 1948* (Pub. No. A-458). Both of these are free in reasonable quantities.

**Motion Picture Films.**—A new edition of the folder *Seeing and Hearing Social Hygiene* is also off the press. Ask for Pub. No. A-428.

**Also for Your Spring Meetings.**—The Association's Publications Service can offer free of charge in quantity lots certain leaflets, reprints and other materials of current and permanent interest. Send 10 cents postage for samples.

**Ready Now!**—The 1946 Supplement to the *Digest of Laws Dealing with Prostitution and Sex Offenses*. In wrapper, for insertion with original 1942 edition in loose-leaf binder, 128 pages, \$2.00 per copy. The complete *Digest*, including original edition and 1946 Supplement, in loose-leaf binder, \$6.00 per copy postpaid.

**Ready about July 1.**—Now at the printer's is the manuscript for the 1946 Supplement to the *Digest of Venereal Disease Laws and Regulations in the 48 States and the District of Columbia*. This latest supplement digests all laws adopted since the original *Digest* was published in 1940. Price \$2.00 per copy. The 1940 original edition, plus the 1946 Supplement, in loose-leaf binder, \$6.00 per copy. Please send us your order now to help us gauge size of print order.

**Ready by September 1.**—Another useful legislative reference publication.—*The ASHA Summary of State Legislation on Premarital and Prenatal Examinations for Venereal Diseases* is too well known to need description here. A new edition is in preparation for publication during the summer, including a review of these laws in operation.

**The International View.**—Judging from requests received in advance of printing, the worth of the ASHA recent publications on international social hygiene progress was quickly recognized. . . . We reprinted the February JOURNAL report *International Aspects of the VD Problem*, by Dr. Thorstein Guthe, Dr. John C. Hume and collaborators, as Pub. No. A-713, 40 cents a copy. . . . *The Summary Report of Proceedings of the 1947 General Assembly, International Union against the Venereal Diseases*, made available through arrangement with the IUVD Regional Office for the Americas, is also popular (Pub. No. U-1, 40 cents a copy). . . . *Worldwide Service*: report of the ASHA Committee on International Relations and Activities for 1947, reprinted from the April JOURNAL, is Pub. No. A-717, and free in limited quantities.

## ***Special Announcement!***

A new and timely A.S.H.A. Publication

Helpful in organizing your thinking . . .

Of value in answering day-by-day questions

### **PROBLEMS OF SEXUAL BEHAVIOR IN RELATION TO RESEARCH, EDUCATION, COMMUNITY ACTION**

In response to urgent requests the Association is planning to publish the proceedings of a two-day discussion of the above subjects during the recent Annual Conference of Social Hygiene Executives.

These discussions were based largely on the first volume concerning studies of sex phenomena by Professor Alfred C. Kinsey and his research associates Wardell B. Pomeroy and Clyde E. Martin,—**Sexual Behavior in the Human Male.**

The Proceedings will include a statement of the origin and background of Professor Kinsey's research project, highpoints of discussion, and the papers by distinguished authorities in related fields, including

**A Psychologist . . . A Statistician . . . A Research Consultant . . .  
A Lawyer . . . An Anthropologist . . . An Educator . . . A Social  
Hygienist . . . A Clergyman . . . A Venereal Disease Specialist**

Advance estimates indicate that the publication can be made available at the low price of

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# Journal of Social Hygiene

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Recent Developments in Army and Civilian Health Programs

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## THE AMERICAN SOCIAL HYGIENE ASSOCIATION

organized in 1913, is the national voluntary agency for social hygiene.

### Purposes

- To protect and improve family, community and national health and welfare
- . . . by promoting sex education, including all education in health and human relations which concerns personal and family life.
  - . . . by fighting prostitution and sex delinquency in all its forms.
  - . . . by combating the venereal diseases and the conditions which favor their spread.

### What the Association Does

Works with health authorities, physicians, nurses, police authorities, civic welfare agencies, parents, church leaders, teachers and educational institutions, state and community social hygiene societies, other national agencies.

Renders consultant and field service . . . Conducts surveys and investigations

Organizes state and community programs

Prepares and distributes the **Journal of Social Hygiene** and the **Social Hygiene News**, pamphlets, books, posters, charts, exhibits, lantern slides and films

Lends reference books and package libraries . . . Answers thousands of letters of inquiry

## THE JOURNAL OF SOCIAL HYGIENE

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# Journal of Social Hygiene

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NO. 5

## Recent Developments in Army and Civilian Health Programs

### EDITORIAL

#### SOLDIERS ARE PEOPLE

One of the important observations made by psychologists who studied the nation's armed forces during the Second World War was that the basic personality characteristics of men entering military service are well established before the influences of the Army or Navy are brought to bear upon them. Just as the recruit enters with sound or carious teeth, adequate or defective nutrition, good posture or flat feet and round shoulders, so he brings also a certain behavior pattern, established social and personal values and a greater or less degree of emotional stability. His knowledge of himself and of the world about him is adequate or inadequate depending upon his past opportunities and what he has made of them up to the time the Army or Navy acquires him.

This is as true of the recruit's sex habits and attitudes as of other aspects of his being and behavior. He may already have had extensive sex experience and have had gonorrhea several times; or he may have been continent and possess high ideals of responsibility for sex conduct. Often he may be placed somewhere between these two types.



The psychologist became convinced that military training and experience do not greatly change the attitudes and habits which a recruit brings with him into the Army or Navy or Airforce. His basic qualities, native and acquired, from birth to military age, will determine to a large extent how he reacts under military experience. The sex ideals, attitudes and behavior established before the recruits don military uniforms determine in a large measure their reaction to the environment of the military establishment to which they are assigned and the communities which they visit while on leave. It seems therefore that the responsibility of parents and other teachers for the behavior of their boys in uniform is at least as great as that of the military authorities into whose charge new recruits pass upon entering military training.

The Army, Navy and Airforce now clearly recognize their responsibility for promoting high ideals of sex behavior and for avoiding any direct or implied suggestion that high standards of sex conduct are less important in the military forces than in civil life. With this view before them, the policy-making groups of the armed forces have considered how military training can be made to contribute to the development of desirable personality traits and support high standards of personal responsibility for sex conduct. The plans devised by the joint efforts of chaplains, physicians and line officers of the armed forces, with competent civilian advice, have been placed in operation, first at Ft. Knox and later in other commands of the Army, the Navy and the Airforce.

The articles relating to the Army program in this number of the JOURNAL OF SOCIAL HYGIENE describe these activities and should be reassuring to the families with sons of military age. Many will feel that military training can be a highly constructive experience for the vast majority of young men.

WALTER CLARKE, M.D.

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**American Social Hygiene Association**  
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## SOCIAL HYGIENE AT THE UNIVERSAL MILITARY TRAINING EXPERIMENTAL UNIT\*

MAJOR GENERAL JOHN M. DEVINE  
*Acting Deputy Chief, Army Field Forces*

The Social Hygiene program of the Universal Military Training Experimental Unit at Fort Knox, Kentucky, is based on the premise that to be successful it must establish and maintain in the individual a high level of social behavior with a view to raising the moral tone of the entire unit.

One phase of the program—sex hygiene—represents a radical departure from military practices of the past in control of venereal disease in that it emphasizes continence rather than prophylaxis.

The UMT Experimental Unit was established at Fort Knox in January of 1947 as a sample, or pilot model, of Universal Military Training to ascertain by practical application and experience the best methods of conducting such training for young men if Congress enacted a law requiring such a program for the nation's youth in the interest of adequate national security. Although the more than six hundred young men placed in the unit for each six-month training cycle are newly enlisted members of the Regular Army they are hand-picked at Replacement Training Divisions so that they represent as nearly as possible a cross section of the nation's youth between the ages of 17 and 19. They are closely representative in geographic origin and educational level of the young men who would be subject to UMT under a national law.

In developing a schedule of training for this unit the Army took full cognizance of the fact that training of these young men involved more than eight hours a day of instruction in technical military subjects. It placed emphasis on the fact that the Army was required to assume responsibility for the behavior standards and for the moral welfare of the young men entrusted to its care.

As the first commander of the UMT Experimental Unit the task of working out part of the detailed program for the training and education of the unit's young men was assigned to me long before the unit became operative.

A sound Social Hygiene program adapted to the needs of this age group was uppermost in my mind. There was no doubt in my mind then, and there is none now, that an effective program of Social Hygiene must be based on personal morality and self-respect; and that the only sure preventive of venereal disease is continence.

\* An address at the Annual Luncheon Meeting of the American Social Hygiene Association, Social Hygiene Day, February 4, 1948, New York City.

The soundness of this concept is shown by the results obtained in the Fort Knox Experiment. Approximately 1,300 young men already have completed their training there during the first two six-month cycles. There have been a total of five cases of venereal disease and two of these cases were those of young men who contracted the disease from their wives. This fine record stands in spite of the fact that there is no prophylaxis station at the experimental unit and there is no issue of prophylactic kits.

Even if the program had been less successful I would still believe that our approach is the only sound one, because we attacked the problem at the bottom and sought to eliminate the evil by removing the cause. How we went about doing this represents something of a departure from previous methods in use in military circles and is one of the most significant achievements of the Experimental Unit at Fort Knox.

As the readers of this magazine are well aware, personal hygiene is a very important part of the training of men for military service. Sex hygiene is merely one element of a course in *Personal Hygiene*, and it was so treated. The approach to this subject was positive, not negative; it was not so much *against* venereal disease as *for* instruction in the proper place of sex in life.

Two periods are devoted to instruction in Sex Hygiene. Each period is a cooperative effort by the doctor and the chaplain. Conference materials are carefully coordinated beforehand to eliminate any conflicts or contradictions. Since the problem is essentially moral, the deciding voice is that of the chaplain.

The doctor speaks first. He covers the normal functions of the body, treats sex in a matter-of-fact manner; discusses the venereal diseases, symptoms, after-effects, and resulting damage to the body. His whole approach is to explain the right place of sex in life. He emphasizes the fact that sex is part of life and is necessary for the continued existence of the world. He points out that it is right and decent and good, provided it is carried out under the moral law of God and the social law of man. He ends his instruction on the word "continence" as the only safe and sure preventive of VD.

The Chaplain then enters the discussion. He picks up the word "continence," discusses the moral law and the commandments of God. He talks about the sacredness of marriage, and the body as the temple of the soul. He talks about the dignity of womanhood and the function of women in the reproduction of the race. His discussion is matter-of-fact, also open and honest, intelligent and frank. He endeavors always to keep it on a high plane and to avoid the smuttiness which so often characterizes any discussion of sex.

These two periods constitute the whole course in Sex Hygiene as such. Further group instruction is given only if the chaplains think it desirable.

Many individual sex problems and many personal questions on sex matters arise which cannot be answered during any group instruction period. The opportunity for consultation on such problems is offered



during periodic physical examinations. These exams take place every two weeks and are conducted in private. Each boy is weighed and measured as a matter of record, and inspected for contagious diseases. Inspection for VD is included, but is only an incidental. The dignity of the individual is respected, and the confidential relationship between the physician and patient is maintained. It is these inspections, or as a result of them, that personal problems are uncovered and additional instruction given as needed.

The importance of this procedure was brought home forcefully when the records showed that seventeen per cent of the trainees never, within their memory, had been examined by a doctor prior to entering the Army.

The Chaplain, too, is available for consultation at any time. His office is in the school building as well as in the Chapel, because the Chaplain has a definite field of responsibility in the every-day life of the soldier, in addition to his special job in Chapel on Sunday.

Although sex instruction itself comprises only a minor part of the Social Hygiene program, most of the activities in the entire training and educational schedule have a bearing either directly or indirectly on the subject. Certainly the wise provision for spare time activities is of first importance.

Adequate athletic facilities exist in most Army camps but the facilities alone are not enough; they must be used. To encourage such use is one of the objectives of the physical training program at the UMT Experimental Unit. Of the six hours a week of such training, two are devoted to body building and the other hours to instruction in how to play games. The theory is that the more a man knows about a game and the better he plays it, the more apt he is to play it voluntarily in his spare time. When we discovered that one-half of this group of typical Americans did not know the basic rules of any team sport, we instituted the procedure of conducting written exams covering the rules of the games being taught. This helped considerably since ten per cent of these boys had never played any team game of any kind.

To encourage participation as opposed to spectator interest, we played competitive games at the lowest practicable level. The object is not to produce winning teams, but to insure the maximum participation.

Controlled social activities also play a major role in any social hygiene program. Feminine companionship is highly desirable and it must be the right kind and the right age. The people of Louisville and Elizabethtown, Kentucky, have done a magnificent job in providing and chaperoning young ladies for dances at the Experimental Unit. A considerable number of citizens have gone much farther than this and have invited trainees to their homes. All these things are important in establishing and maintaining a high level of social behavior in the Unit.

Other recreational facilities are the usual kind found in all camps; Service club, library, movie theater, gymnasium, swimming pools,

et cetera. Again it should be emphasized that it is not enough for the facilities to exist, they must be used. While every boy is familiar with the movies, a very considerable number had no experience whatever with the other facilities available. To make certain that every boy is familiar with the opportunities offered, all are required to visit each one and spend some time there. This is done during their first four weeks of training when all trainees are restricted to the immediate area. During the period of restriction, practically every waking hour is scheduled except Sunday afternoon. After-duty-hour schedules are almost entirely recreational or educational, but they are nevertheless compulsory. They are planned to make certain that every individual is familiar with the facilities and opportunities offered him in the immediate vicinity.

At the conclusion of four weeks trainees may, under certain conditions, go to town. They may leave after noon on Saturday but they must be back for a 10:30 bed-check Sunday night. Everything possible is done to keep them from going to town by making the week-end in camp attractive. Competitive athletics generally are played Saturday afternoon. These steps have been surprisingly successful in keeping boys in camp over the week-end.

But a lot of them go to town just the same. If they do, they must stay at the Service Club or at an approved home. The Service Club has been kept open by the patriotic citizens of Louisville and it is, of course, of tremendous value in caring for trainees on week-ends. There are no Military Police there to see that a man who has checked in actually spends the night there, and it is quite possible for an individual who is determined to find all-night amusement to do so. But at least the system assures that week-end visitors to town start from a safe and wholesome place.

Liquor is often the basic cause of a rising VD rate and since Louisville is wet, the danger was obvious. Here again, civilian cooperation was of the greatest help. All trainees are under 21 and all wear an identifying patch. In Kentucky, as in most states, it is an offense to sell liquor to minors. Therefore, it was felt that if the bartenders would cooperate the job would be easy. The Louisville Civilian Advisory Committee for the unit arranged through the Alcoholic Beverages Control Board to get the necessary information to the men who actually dispense the liquor. Two letters were written, and a sample UMT patch was furnished to every bartender in Louisville. Each was asked not to sell liquor to any wearer of the UMT patch because such an individual is a minor. In carrying out this request local bartenders have shown that they are just about as cooperative as any other group.

The most important step in our Social Hygiene program, however, is simply the general attempt to raise the moral tone of the organization, to establish standards of behavior and of manners that will be a credit to the unit; to encourage the decent against the indecent, the good against the bad. Such a step, of course, requires the cooperation of everyone, but the individual charged with primary responsi-



bility is the Chaplain. The Chaplain is given a well defined field of responsibility in the UMT program. He also is given the opportunity, the support, and the cooperation which he must have if he is to carry the burden placed upon him.

The Chaplain is a regular member of the training faculty. He has a class once a week. The subject of his conference is *Citizenship*, but the course itself is not concerned with Civics or Government, but rather with the duties, responsibilities, and obligations of the citizen of a democracy to his country and to his fellow citizens. It is the Chaplain's job to continue during this period of military training the good influence of the home and the church from which the trainees are separated; to instill in them high ideals, to teach the basic Christian virtues, to give them standards to live by, to build their characters and to elevate their minds.

That is quite a large order, but the approach has proved to be sound. These conferences on *Citizenship* are as interesting and as popular as any other lessons, and as productive. They have unquestionably been instrumental in raising the moral tone of the unit, which is the principal objective of the Social Hygiene program.

To simplify the job of the Chaplains, a number of other procedures have been instituted, all designed to raise the social and moral level of the organization.

No beer is sold in the Post Exchange. It was determined early that teen-age boys didn't want beer, but preferred to regard the Post Exchange as a corner drugstore, rather than a bar-room, and the kind of place teen-agers like to gather.

Continuous effort is applied to eliminate vile and offensive language—with considerable success.

In the mess-halls meals are served family-style instead of cafeteria and trainees are marched to the mess hall, commence a meal together, and are required to observe the rudiments of good table manners.

There is a bed-check every night at 10:30 when all trainees must be in bed.

The Social Hygiene program of the unit may be summed up briefly in the following points:

- a. Minimum essential sex instruction.
- b. A continuous and aggressive effort to raise the moral tone of the unit. This is the heart of the program.
- c. Adequate provisions, mental, physical and social, to keep these young men busy at interesting occupations during off-duty time.
- d. All this is based on the firm belief that the average 18-year old American boy is essentially sound, that he is instinctively decent, that he will do the right thing if he knows what it is.



The favorable results of the Social Hygiene program have generally been recognized. In the military attitude toward VD control, moral responsibility, self-respect, and self-control are being emphasized. Above all, great emphasis is being placed upon sound leadership and proper guidance, upon impressing upon the individual the value of right conduct, the rewards of clean living, and the obligation of the soldier to himself, to his home, to his organization and to his country, to make himself a better citizen. For everything that makes a better citizen also makes a better soldier.

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### National Security Is Built on Individual Responsibility

"... Before such a body as this, I think it is only natural that I should attempt to speak on the general subject of our national security. I have no intention of speaking solely of ships and planes and guns and tanks, because they are not national security.

"Our national security is found in the combined moral, mental and physical strength of 140 million people, including the productivity of their factories and their farms and the skills with which they utilize their own resources.

"Moreover, the security forces that we have are not engaged, and it is not their purpose, merely to defend a certain area of land, certain properties; or indeed, merely our homes and firesides.

"It is their purpose and their mission to defend a way of life, our form of democracy: a democracy that has at its core a system of free enterprise; by which we live and which guarantees to every single human being equal rights before the law. That is the kind of thing that we are talking about securing when we talk about the security of this nation.

"There can be no shifting of responsibility from any citizen to any professional group, or to any other person in the meeting of this problem. It is too immediately with all of us.

"In this coming fiscal year, the prospects are that \$15,000,000,000 will be appropriated directly for national security forces, at the same time that the Congress has authorized expenditures in Europe—which are in their deepest sense certainly related to our security problem—of another \$6,000,000,000. If there is no other interest on the part of any of us, it certainly should be that of the pocketbook.

"But let us make no mistake: There can be no such thing as mere dollar defense. You cannot buy security.

"It can be obtained only by recognizing responsibility and meeting it, each in his own sphere, each according to his own abilities. . . ."

DWIGHT D. EISENHOWER

*General of the Army and President-elect of Columbia University, in a talk before the Chamber of Commerce of the State of New York, May 6, 1948*

## VENEREAL DISEASE CONTROL IN THE FIRST ARMY AREA

CAPTAIN GEORGE J. CARROLL, M.C., U. S. ARMY \*  
*Venereal Disease Control Officer, First Army Area Command,  
 Governor's Island, New York*

The control of venereal disease in the Army has always been of tremendous importance both in a war and peace-time Army. The problem became increasingly important to us in the First Army Area at the close of World War II because with demobilization venereal disease rates underwent an anticipated rise. I am happy to state at this time however, that as of December 1947, the rates for troops located in the United States were the lowest since 1944. I thought it would be of interest to discuss today the factors which have helped in this reduction in the Army, and to do this I will attempt briefly to outline the program as carried out within the First Army Area, as it is the program with which I am most familiar, and serves to reflect not only the attitude of the Department of the Army, but also the programs as carried out by our and other Army Areas.

About a year ago the Department of the Army re-evaluated the problem of venereal disease control and after careful consideration laid down a policy placing emphasis on continence, on the moral and spiritual approach, with re-emphasis on individual responsibility. As pointed out by one of the officers in our venereal disease indoctrination team, which was the team sent from our headquarters last summer, setting forth and explaining this new policy to key officers and non-commissioned men; "The task which we are undertaking is not just the reduction of venereal disease but also the job of re-selling the Army to its own people as a place not for the indifferent, the mentally lazy, or the misfit, but that the Army is a home for healthy, happy, decent, law-abiding people. We must teach ourselves over and over again that each soldier belongs to an exclusive fraternity the existence of which over the years has been the very keystone of the nation's survival and growth."

In order to best explain the workings of our program within the Army Area today, I thought it might be well to set up a hypothetical case, that is, set up a program in a camp which has just become activated and has received, let us say, 15,000 troops.

It must first be impressed upon the Commanding Officer that the control of venereal disease on his post rests with him. The responsibility for control must remain in command channels. He must see to it that his unit commanders set an example for the men, impress moral responsibility, encourage strong self-discipline, and establish appropriate control on the sale of liquor to all military personnel. To do this, the Commanding Officer and Unit Commanders have the

\* An address at the New York Regional Conference on Social Hygiene Day, February 4, 1948.

advice and cooperation of the Chaplain, Special Services Office, Provost Marshal, and the Surgeon.

To help the Commanding Officer in his battle, he would first set up a Venereal Disease Control Council, similar in character to that in operation at Army and Army Department levels. This would consist of key personnel on the post and would meet once a month. Its primary mission would be to consider venereal disease problems as they affect service personnel on the post. A report of this meeting would be forwarded to us at Army level each month. We digest the material from this report, abstract any pertinent material and forward it to the Army Department, along with abstracts of material from other installations within the Army Area.

The Surgeon of our post under discussion would appoint a medical officer as venereal disease control officer. His job is large. He will be to a large extent the coordinator for the program. Here, as on the other posts in the Army Area, the control officer sees to it that the program is functioning smoothly. The Medical Department itself carries out its part in the program by three different routes: (1) Educational means; lectures will be given discussing venereal disease in a straightforward manner, stressing continence; (2) Visual means of approach will be used through posters and films. All our old films are no longer in use so that at present "Miracle of Living" will be the only film used. However, several new films are being planned for the very near future. (3) Control Measures; this includes the repression of prostitution. Here, the venereal disease control officer would be directed to work in close contact with the local public health officials. Prophylaxis will be mentioned but not stressed. Finally, in control, the Medical Department is interested in early detection and prompt treatment. The venereal disease control officer has a dual responsibility with this last. He is delegated the duty of obtaining contact histories and insuring their prompt delivery to the public health service. In addition, he is usually responsible for carrying out the 30-90 day quarantine in force at the present time for soldiers treated with venereal disease. This quarantine, in force in the First Army Area since September 1946, when it was for 21 days, was extended by the Army Department in the early part of the year to include the whole Army. This quarantine is intended as a public health measure and contrary to the opinion of some is in no way intended to be of a punitive nature.

The Chaplain will have a large role in this post program. He is the man to whom the Commanding Officer should look to to "take the ball" and "keep it rolling." It is up to him to furnish spiritual and moral guidance to all personnel and to seek through appeal to religious and moral principles to influence the soldier toward proper sex behavior. He does this through church, through talks to the men on citizenship and morality, through posters, and through personal contact.

The Commanding Officer in his program will next see to it through his Special Service Officer that planned and supervised programs of



wholesome recreation and entertainment are equal to those available for civilians. On most of our posts the young soldier can find plenty to keep him busy whether it is sports, movies, dances or some hobby. It is to be impressed on the Unit Commanders that soldiers engaged in recreation, athletics or other desirable leisure activities are less likely to seek enjoyment on the outside and to expose themselves to venereal disease.

The Provost Marshal too must play an important part in the Commander's program both on the post, and by attending monthly the Armed Forces Disciplinary Control Board Meetings. He helps to locate civilian venereal disease contacts. He assists in the repression of prostitution, and he enforces "off limit" restrictions.

That is our hypothetical post program, but it is not hypothetical for it is the program which is being carried on at the present time in all our large installations. Of necessity, some of our smaller camps have had to modify the program to fit their needs.

Several other features are of interest because they work so well. At our posts, besides the medical venereal disease control officer, we recommend that individual units appoint a non-medical officer as venereal disease control officer of his unit and he, in turn, appoint a non-commissioned officer (Sgt. or Cpl., etc.) as his assistant. The latter know the men, know the problems encountered and if, of high caliber, can by example and personal interview do much to help our program. In addition, some of our installations each month have the Commander with the highest rate and the one with the lowest rate appear at the Venereal Disease Control Council meetings, the former to explain his high rate and the latter to be commended. One of our installations has a rehabilitation program for men infected with venereal disease, treated and now on quarantine. As part of this rehabilitation program the soldier must be interviewed by his Commanding Officer, Medical Officer and Chaplain before being released from quarantine. Each stresses the new overall program, and discusses individual problems with the soldier.

I would like to mention again the 30-90 day working quarantine for men following treatment for venereal disease. In September of 1946, the First Army Surgeon and his Medical Consultant after careful thought worked out a program for the First Army Area centered around two things. The first was hospitalization of all venereal disease cases (up to this point all cases were hospitalized except gonorrhea, which was treated on an outpatient status), and the second was the establishment of a 21 day working quarantine for men treated for gonorrhea. This quarantine time which was early this year put on an Army wide basis, included both syphilis and gonorrhea with a time extension of 30-90 days. I do not have time to go into the problems encountered when this program was put into effect over a year ago, but I can say that they were many and that they were as much social as medical. The quarantine has been of definite public health value because it put men with recent infection under close scrutiny for at least a month and helped us to determine

treatment failures, early re-infection, and to us, the very important problem, penicillin retarding or masking the early symptoms of syphilis.

Finally, I would like to point out that we are now more than ever striving for closer contact with the U. S. Public Health Service, the state and local public health authorities, as well as all civilian agencies working to suppress prostitution as well as control venereal disease. This is done through several means. The Armed Forces Disciplinary Board is one of our strongest links. It meets as most of you know each month, and its primary function in this area is to reduce the incidence of venereal disease. The attendance of civilian groups is always large. Another means which we have been using is to encourage attendance of civilian groups at post venereal disease control council meetings. Here, problems peculiar to each locality can be discussed at a round-table meeting. Still another means which we are beginning to use within the Army Area is the Civilian Advisory Group. This group, we feel, can be of great help to us in areas where we are encountering difficulty in handling organized prostitution. We are continually stressing good contact history interviewing. We realize that many times the information as forwarded to the public health service is far from adequate but we are striving by a program of education and careful selection of interviewing officers and enlisted men to improve the caliber of our contact histories. Finally at our separation points, by an intensive elimination program, we are trying to see to it that no man is separated from the service and returned to civilian life with an untreated case of venereal disease. Several physical inspections, in addition to a final physical examination, are done on all men being separated from the service, and a terminal blood test is performed. Any men with positive blood tests are re-checked and before being separated, their status is checked by a qualified medical officer. All active cases of infection are treated and all cases are then referred to the soldiers' local public health service for the proper follow-up studies.

So you can see from this brief discussion, we are attacking the old problem by a different route. It is having its effect as can be noted in our reduction in rates. We are hitting at not only venereal disease, but the whole problem of morals and we are striving, by a program stressing continence, self-discipline and clean living, to make the Army a good home for men.

## PENICILLIN IN THE VENEREAL DISEASE CONTROL PROGRAM \*

THOMAS B. TURNER, M.D.

*Professor of Bacteriology, Johns Hopkins School of Hygiene and Public Health,  
Baltimore, Maryland*

Inherent in scientific research, and particularly in that directed to man's health, is always the exciting potentiality of reducing an old problem to negligible proportions. For example, it is probable that never again, so long as we can preserve the bare remnants of our civilization, will typhus fever decimate whole populations; or yellow fever serve as a scourge to the seaports of the western hemisphere; or rats spread plague wholesale among us.

Once again we are indebted to the imagination and the industry of a few individuals for a great boon to mankind. When Sir Alexander Fleming in 1929 made the first acute observations on the effects of what we now call penicillin on bacteria, and followed this with careful experiments and cautious deductions, one could not reasonably dream of the chain of events which has placed this marvellous drug at the service of humanity; the further development of Fleming's experiments by Sir Howard Florey and his associates at Oxford; the mass production fostered and supported by our own wartime Committee on Medical Research; and the rapid testing of the drug in many diseases by alert physicians in England, the United States and Canada. When in 1943 Mahoney and his associates<sup>1</sup> showed that penicillin was effective in syphilis, it was obvious that here was a potent new element in venereal disease control; subsequent events have borne out the conservative optimism of those earlier days.

It is difficult to comprehend the revolution that has occurred in the treatment of the two major venereal diseases, syphilis and gonorrhea. Ten years ago, a man who acquired gonorrhea had to look forward to weeks and often months of unpleasant local treatment; to better than an even chance that he would, during the course of treatment, develop some serious and at least, temporarily incapacitating complication; to the prospect that the infection would not be eliminated even after a lapse of years, and that he would remain a potential source of infection to his wife.

Today this same individual would have better than a ten to one chance of being completely cured within three days or less by one injection of 300,000 units of penicillin in oil and beeswax. Serious

\* An address before the New York Regional Conference, Social Hygiene Day, February 4, 1948.

<sup>1</sup> Mahoney, J. F., Arnold, R. C. and Harris, A., *Penicillin Treatment of Early Syphilis, a Preliminary Report, Ven. Dis. Inf.*, 24:355, 1943.



complications virtually never occur, and precautions for a few days will eliminate the risk of transmitting the infection to others.

Ten years ago, the man who acquired syphilis was faced with weekly injections of arsenical and bismuth drugs for not less than a year and usually longer; with frequent episodes of ill-health due to the toxic nature of the drugs used in treatment; and with a substantial risk of serious reactions which might threaten his life.

Today, while not so easily extracted from a potentially serious situation as his brother with gonorrhea, the man who acquires syphilis can be given the equivalent of the former year's treatment in two weeks or less; the penicillin with which he is treated is practically non-toxic; and the results while less favorable than is desired, are certainly as good on the whole as those obtained with the much longer, and more dangerous methods of treatment.

Sketched in this manner, one might jump to the conclusion that the major venereal diseases are no longer fraught with evil consequences; that little or no penalty in terms of health and happiness attaches to infection; that these diseases have ceased to be a burden upon the community; that the solution to the problem has been found. I hasten to emphasize that nothing is further from the fact.

Penicillin is a help in venereal disease control; it constitutes one of the great forward steps of recent years. But it must be remembered that a new weapon in this war on venereal disease may be of great assistance, without at the same time providing a solution to this old and formidable problem. Lest we become dazzled by the initial accomplishments of this fine new drug it might be profitable to take stock at this point in an effort to understand its real position in the venereal disease control program.

On the credit side of the ledger can be listed a number of very important items:

1. Gonorrhea in the male is quickly curable and the results seem to be equally good in the infected woman.

2. The "cure rate" in early syphilis appears to be equal to that obtained by the optimum amount of arsenical and bismuth therapy.

3. A far higher proportion of syphilitic patients receive optimal penicillin therapy than ever completed the long drawn out optimal course of arsenic and bismuth.

4. The low toxicity of penicillin is not only an attractive feature to the patient, but makes it permissible at times to treat patients on less evidence than would be required to subject them to the risk of reactions from a more toxic drug. For the same reason the prophylactic use of penicillin may at times be warranted.

On the debit side of the ledger can be listed the following considerations:

1. The fear component is undoubtedly less potent as a possible deterrent to exposure. To what extent this consideration is a real factor in the average individual's motivation is difficult to determine. In any event, it is our job to portray the facts as they are. Unquestionably gonorrhea is a less dangerous disease than it was before the development of penicillin; syphilis, on the other hand, is still almost as dangerous to the infected individual as it was previously.

2. With the short period of treatment required when penicillin is used, the number of re-infections in syphilis is greater, since the long period of so-called chemical quarantine afforded by arsenic and bismuth no longer protects the person under treatment. Multiple re-infections occur, but few data are available on the frequency of their occurrence.

Perhaps the one great question mark in the penicillin therapy of syphilis arises from the fact that insufficient time has elapsed for final evaluation of effectiveness. It is not really known whether relapse will occur in a significant proportion of treated persons a number of years after treatment has been completed. Putting together accumulated knowledge of the biology of the disease in animals and in man, I believe that we are justified in predicting that the long-term results will be equally as favorable as the short term results have been. Indeed, there is good reason to feel that penicillin will grow in esteem as time elapses and data become available on the trend of serious late complications of syphilis. Likewise from the public health standpoint, the mere fact that in the order of 95 per cent of patients discovered to have early infectious syphilis complete the prescribed course of penicillin, indicates the superiority of this drug, as compared with arsenic and bismuth treatment, which substantially less than 50 per cent of patients received in optimal amounts.

As heartening as are these new developments and potentialities in penicillin therapy, they should only strengthen our determination to continue to push along the same hard road which led to moderate success even before penicillin was known. Certainly, there is more reason than ever to concentrate on contact investigation and case finding methods. Although recent figures<sup>2</sup> for the nation as a whole indicate that the ratio of infectious cases to cases of latent and late syphilis increased in 1947 as compared with 1941, nevertheless, only about one-third of the newly discovered cases are in the infectious stage at the time of discovery. Obviously, the full potentialities of penicillin therapy in the prevention of the spread of syphilis, and perhaps in its cure, are not being realized.

It is too early to estimate the effect of penicillin on the occurrence of late manifestations of syphilis, such as paresis, taboparesis and cardiovascular syphilis. There has been a slow decline in the death rate from these complications during the past 15 years<sup>2</sup> and it is hoped that the rate of decline will accelerate as a larger proportion

<sup>2</sup> Unpublished data made available through the Venereal Disease Division, U. S. Public Health Service.



of known cases of early syphilis receive optimal treatment. On the other hand, it is known that in the order of 10 per cent of penicillin treated patients do not respond satisfactorily; add to these the vast numbers of persons discovered late in the disease—a minimum of 250,000 per year in the United States<sup>3</sup>—and the unknown but undoubtedly large number not discovered and not treated at all until some serious complication develops, and one begins to comprehend the magnitude of the problem that lies before us. Iskrant<sup>4</sup> estimates that in the country as a whole as of 1940 there were approximately 26,000 patients in mental hospitals because of paresis, at a yearly cost to the taxpayer of over \$11,000,000 for this one complication alone.

It seems obvious then that while the infected person pays heavily, all of us share the burden of syphilis to some degree. The point to be emphasized, however, is that while we share a portion of the burden, we likewise must share a part of the responsibility for control.

Venereal disease control is not a job for health officials and medical practitioners alone. To a very real degree the syphilis rate reflects, in an inverse pattern, the moral, spiritual and economic health of a community. One of the important problems would seem to be how to induce individuals, particularly those in the age groups most likely to acquire syphilis, to assume a degree of personal responsibility for staying healthy; and how to persuade all adult members of the community to feel a responsibility for helping to create a community life which will be conducive to physical and mental health. Unfortunately, we have only the vaguest sort of notion concerning the community factors which are influential in the prevention of venereal disease. The remarkable investigations of Professor Kinsey<sup>5</sup> and his associates on the sexual habits of the American people have made us aware of conditions which we only vaguely suspected before. But it seems clear from those studies that sexual habits are profoundly modified by many factors—social, educational and religious—and it is these influences that we need to know more about.

This brings me to one of the most important considerations of all, which is the necessity for the continuing search for new knowledge, for new and better methods of approach to control. There is no reason to believe that the ultimate in control methods has been found—indeed every reason to believe that research in the laboratory, in the clinic, and in the field will in the future, as in the past, place more potent weapons in our hands.

<sup>3</sup> Vonderlehr, R. A., and Heller, J. R., Jr., *The Control of Venereal Disease*, Reynal & Hitchcock, New York, 1946.

<sup>4</sup> Iskrant, A. P., *The Economic Cost of Paresis in the United States*, J. Ven. Dis. Information, 26:175, 1945.

<sup>5</sup> Kinsey, A. C., Pomeroy, W. B., and Martin, C. E., *Sexual Behavior in the Human Male*, W. B. Saunders Co., 1948.



We know little or nothing as to how penicillin works, or whether eventually the spirochete will evolve ways of eluding destruction. We still must often wait precious days and even weeks and months to identify and treat the infected individual. And as I have just indicated we know all too little about those social factors which promote freedom from venereal infection. So I hope that society as a whole will continue to foster and support research into ways and means of accomplishing more effective venereal disease control.

At Johns Hopkins University, with support and encouragement from the Rockefeller Foundation and the United States Public Health Service, we are making an attack on these problems in three directions:

In the laboratory numerous studies are in progress on questions pertaining to the fundamental biology of the disease: How does the syphilis spirochete invade the body? What are the forces of resistance in the host and how can these be augmented? How can the spirochete be grown in quantity for diagnostic purposes and possibly preventive inoculation? What is the mechanism of action of penicillin and how may the destructive effect on the spirochete of this and other drugs be safely enhanced?

In the clinics of Johns Hopkins Hospital the biology of the disease is likewise being studied under the limitations imposed by the primary consideration of the welfare of the patient: How can penicillin be most effectively administered in various stages of the disease? What biologic factors condition the patient's reaction to infection and to treatment? What psychological factors seem to enhance the risk of infection?

In the Eastern Health District of Baltimore City, in collaboration with the Baltimore City Health Department, studies are in progress on the community aspects of syphilis control: How can the frequency of infection be accurately measured, so that control measures can be reliably evaluated? What factors appear to promote the spread of the disease, or conversely what are the positive factors influencing low rates in one or another social, economic, and religious group? What really is the total effect of penicillin viewed from the standpoint of the community as a whole?

I mention these studies at Johns Hopkins merely because I live them every day. Other laboratories and other clinics are likewise steadily searching for new knowledge, exploring new methods in the hope of contributing step by step to the eventual solution of these problems. Spear-headed by the imaginative high command of the United States Public Health Service, and assisted by private institutions and voluntary organizations such as the American Social Hygiene Association, many new techniques and new approaches are being applied in pilot-plant fashion. Among these are the use of the radio in the educational program directed to social hygiene and venereal disease control; the development of new techniques in personal interviews incident to contact investigation and case-finding; the use of radio-active isotopes

in the study of the fundamental biology of the disease; exploration of the feasibility of treatment of exposed persons before symptoms of disease appear; the application of cost-analysis and accounting to program evaluation; and the exploration of ways of bringing the private practitioner even more actively into the control program.

It is with profound gratefulness that we acknowledge the value of penicillin in venereal disease control; and pay homage to those who made it possible. At the same time, let us not expect penicillin to do the job alone, but instead let us make every effort to raise other aspects of the program to new levels of effectiveness, and continue to search for new and better approaches to the solution of this important problem.

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### Current Events and Dates Ahead

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| May 24-28<br>Portland, Ore.   | National Convention, General Federation of Women's Clubs.  |
| May 31-June 4<br>The Stevens,<br>The Palmer<br>House and<br>Congress Hotels,<br>Chicago | Nursing Biennial Meeting. American Nurses' Association, the National League of Nursing Education and the National Organization for Public Health Nursing.  |
| June 14-17<br>Hotel Pennsyl-<br>vania,<br>New York                                      | Annual Meeting, National Tuberculosis Association. For information regarding materials and program write NTA, 1790 Broadway, New York 19.  |
| June 21-24<br>Minneapolis,<br>Minn.   | 39th Annual Meeting, American Home Economics Association. A post-convention trip will include a visit to the world-famous Mayo Clinic and Mayo Medical Museum. For further information, write American Home Economics Association, Mills Building, Washington, D. C. |
| June 16-18<br>Amherst, Mass.  | New England Health Institute   |
| June 19<br>Chicago  | State and Provincial Health Authorities of North America.  |
| June 21-25<br>Chicago   | 101st Annual Meeting of American Medical Association.  |
| Sept. 26- Oct. 1<br>Hotel Fontenelle<br>Omaha, Neb.                                     | National Recreation Congress. Write to National Recreation Association, 315 Fourth Avenue, New York 10, for information regarding meetings and hotels.   |
| November 8-12<br>Boston, Mass.  | 76th Annual Meeting of the American Public Health Association. Will be attended by representatives from the United States, Canada, Cuba, Mexico and Latin American countries.  |

## NATIONAL EVENTS

ELEANOR SHENEHON

*Director, Division of Public Information and Extension  
American Social Hygiene Association*

**Annual Conference of Social Hygiene Society Executives.**—The far-flung family of social hygiene society executives once more assembled for its yearly get-together in New York on March 30th and 31st and April 1st. Seventy-five executives, board members and staff were present, representing 14 states and the District of Columbia, and 42 communities. Approximately 200 other interested persons registered for various sessions.

The three-day program included the following speakers and topics under the over-all title, *Problems of Sexual Behavior: Research—Education—Community Action*:

### **Tuesday, March 30, 1948, Morning Session—9:00 A.M.**

**Presiding:** WALTER CLARKE, M.D., ASHA Executive Director.

**Speakers:** *The Origin, Methods and Findings of the Study and Report, "Sexual Behavior in the Human Male,"* by Alfred C. Kinsey, Wardell B. Pomeroy and Clyde E. Martin, GEORGE CORNER, M.D., Director, Department of Embryology, Carnegie Institution of Washington; Chairman, Committee on Research in Problems of Sex, National Research Council; *A Psychiatrist's Viewpoint*, JULE EISENBUD, M.D., Associate in Psychiatry, College of Physicians and Surgeons, Columbia University; *A Statistician's Viewpoint*, CLYDE V. KISER, PH.D., Technical Staff, Milbank Memorial Fund.

### **Luncheon Session—1:00 P.M.**

**Presiding:** JAMES H. LADE, M.D.

**Speaker:** *Some Observations on the Sampling Methods*, JOHN W. RILEY, JR., PH.D., Professor of Sociology, Rutgers University; Research Consultant, Columbia Broadcasting System.

### **Afternoon Session—3:00 P.M.**

**Presiding:** GEORGE NELBACH, Consultant, New York State Committee on Tuberculosis and Public Health; State Charities Aid Association.

**Speakers:** *Legal Considerations*, FOWLER V. HARPER, LL.B., S.J.D., Visiting Professor of Law, School of Law, Yale University; *An Anthropologist's Viewpoint*, MARGARET MEAD, PH.D., Associate Curator Ethnology, American Museum of Natural History.

### **Wednesday, March 31, 1948, Morning Session—9:00 A.M.**

**Presiding:** HARRIET S. CORY, M.D., Executive Director, Missouri Social Hygiene Association.

**Speakers:** *Moral and Ethical Considerations*, THE REV. HAROLD C. GARDINER, S.J., Associate Editor, *America*; *The Sociologist's Viewpoint*, CARLE C. ZIMMERMAN, PH.D., Associate Professor of Sociology, Harvard University.



**Luncheon Session—12:30 P.M. .**

**Presiding:** ROBERT W. OSBORN, Executive Director, New York State Committee on Tuberculosis and Public Health; State Charities Aid Association.

**Speaker:** *Some Considerations in Relation to Public Health*, JOHN R. HELLER, JR., M.D., Chief, Venereal Disease Division, USPHS.

**Afternoon Session—2:30 P.M.**

**Presiding:** BAILEY B. BURRITT, Executive Director, National Health Council; Chairman, Executive Committee, ASHA.

**Speakers:** *Educational Considerations for Parents*, LAWRENCE FRANK, Director, Institute of Human Development, New York City; *For Schools and Teachers*, HELEN JUDY BOND, PH.D., Head of Department of Home Economics, Teachers College, Columbia University; *For the Church*, THE REV. OTIS RICE, Professor of Pastoral Theology, General Theological Seminary, New York City; Religious Director, St. Luke's Hospital, New York City.

**Film Showing:** *The Miracle of Living*.

**Thursday, April 1, 1948, Morning Session—9:00 A.M.**

**Presiding:** MRS. RENE G. SCHIRBER, Executive Secretary, Middlesex County, N. J. Tuberculosis and Health League.

**Speaker:** *The Program of the National Health Council*, JOHN W. FERREE, M.D., Associate Director, National Health Council.

**Panel Discussion:** *Education for Marriage and Family Life—A Cooperative Program*.

**Moderator:** FRED G. SCHERER, Director of Social Hygiene Education, Oregon Tuberculosis and Health Association.

**Discussants:** ROY F. DICKERSON, Executive Secretary, Cincinnati Social Hygiene Society; THE REV. GEORGE G. HOWARD, Hackensack Unitarian Church, Hackensack, N. J.; DR. MABEL GRIER LESHER, Educational Consultant, ASHA; MRS. S. W. MILLER, Executive Secretary, Massachusetts Society for Social Hygiene; MRS. MAX PEIRCE, Chairman, Social Hygiene Committee, Jackson County Public Health Association, Medford, Oregon.

**Film Showing:** *Human Growth*, with introductory remarks by ADOLPH WEINZIRL, M.D., Director, Division of Social Hygiene Education, E. C. BROWN TRUST, University of Oregon.

**Luncheon Session—12:30 P.M.**

**Presiding:** PHILIP R. MATHER, President, ASHA; President, National Health Council.

**Speakers:** *We're at Your Service*, MR. MATHER; *Social Hygiene—A Worldwide Need*, WILLIAM FREEMAN SNOW, M.D., Chairman of the Board, ASHA, and Chairman of the ASHA Committee on International Relations and Activities; President, International Union against the Venereal Diseases; MISS JEAN B. PINNEY, Secretary, ASHA Committee on International Relations and Activities and Director, Regional Office for the Americas, International Union against the Venereal Diseases; DR. FRED GRUNDY, M.D., Chairman, Executive Committee, British Social Hygiene Council, London.

**Afternoon Session—2:30 P.M.**

**Presiding:** ROBERT N. HOYT, D.P.H., Secretary, Joint Social Hygiene Committee, Academy of Medicine of Cleveland and Cleveland Health Council; Chairman, Ohio Social Hygiene Council.

**Panel Discussion: Case Finding—A Cooperative Program.**

**Moderator:** THEODORE ROSENTHAL, M.D., Director, Bureau of Social Hygiene, New York City Department of Health; Special Consultant, USPHS.

**Discussants:** HARRIET CORY, M.D., Executive Director, Missouri Social Hygiene Association; HOWARD ENNES, JR., Chief, Extension and Training Section, Venereal Disease Division, USPHS; DANIEL HOWELL, Executive Secretary, VD Council of Los Angeles; MRS. DOROTHY MILLSTONE, Assistant Director, Division of Public Information and Extension, ASHA; ADELAIDE ROSS SMITH, M.D., Senior Industrial Hygiene Physician, Division of Industrial Hygiene and Safety Standards, New York State Department of Labor.

**Panel Discussion: Social Treatment—A Cooperative Program.**

**Moderator:** JACOB GOLDBERG, PH.D., Secretary, Social Hygiene Committee, New York Tuberculosis and Health Association.

**Discussants:** MAGISTRATE PETER M. HORN, City Magistrate of the City of New York; MARGARET LUMPKIN, Medical Social Worker, Cooperative Studies in the Social and Educational Aspects of VD Control, Yale University; ELIZABETH SESSOMS, Associate Consultant on Medical Social Services, United Hospital Fund of New York.

**Dr. Scheele Becomes Surgeon General of the United States Public Health Service.**—On April 6 Dr. Leonard A. Scheele, USPHS Assistant Surgeon General in charge for some years of the Service National Cancer Institute at Bethesda, Maryland, took office as Surgeon General, succeeding Dr. Thomas Parran, who has served in this capacity for the past twelve years. The appointment, which carries the rank of major-general, had been announced by President Truman on February 12.

Dr. Scheele, who is 41 years old, and a graduate of Wayne University School of Medicine, Detroit, Michigan, was commissioned in the Public Health Service in 1934. He has been connected with the cancer control program since 1939, except for the war years, when he served in Sicily, Italy, Northwest Europe and Berlin.

The new surgeon general inherits from Dr. Parran's administration a greatly expanded national public health program, whose soundness and influence are recognized throughout the world. Since 1936, when the late President Roosevelt appointed Dr. Parran as Surgeon General,\* new Federal programs designed to conserve and improve health in many fields have been developed, among them the National Mental Health Program, the National Hospital Survey and Construction Program, the Cadet Nurse Corps Program, the National Tuberculosis Program, the National Cancer Program and the National Venereal Disease Control Program. The United States Congress expressed its faith in these efforts by approving required legislation and by annual appropriations which increased from 14 and a half million dollars available in previous years to more than 100 million dollars annually during the last four years. For venereal disease control alone, under the National Venereal Disease Control Act of

\* Following six years of service as New York State Health Commissioner, the President, as New York's Governor, having asked for Dr. Parran's assignment in 1930. The latter left the position of Chief of the USPHS Venereal Disease Division to take the New York assignment.

1938, Federal appropriations in the 12 years of the Parran administration have risen from \$80,000 in 1936 to more than 17 million dollars in 1948. This sum, matched in part by the states and communities under the "grants-in-aid" plan and otherwise supplemented, has made available for this campaign greater resources and facilities and thus greater progress than ever before.

Dr. Parran has termed the position of USPHS Surgeon General "the most important public health position in the world." In commenting on Dr. Scheele's appointment he said: "The President is to be congratulated upon this appointment. . . . Dr. Scheele is one of the outstanding figures in public health in this country. He possesses both the professional and personal qualifications to be a great surgeon general. I wish for him long years of useful public service in this responsible position."



DR. SCHEELE



DR. PARRAN

**Dr. Parran Accepts UN Assignment.**—Following a brief leave of absence, Dr. Parran, who remains a member of the U. S. Public Health Service Corps, has accepted appointment as Chief of the United Nations Far East Medical Mission for the International Emergency Children's Fund.

Dr. Parran's influence and service in international health affairs have been continuous throughout his professional life. From 1926, when he first went to Denmark to study that country's medical and public health organization, until the present moment, he has seen and worked at world health problems to the extent that his current assignments permitted. His service as president of the International Health Conference called by the United Nations in New York in 1946, and his constant participation during the past two years in the work of the Interim Commission of the World Health Organization, have brought him world-wide recognition as an international leader. His advice and interest as a member of the ASHA Committee on International Relations and Activities are invaluable.



**Dr. Heller Becomes Head of National Cancer Institute: Dr. Bauer Is Chief of VD Division.**—Shortly after Dr. Leonard Scheele's appointment as U. S. Public Health Service Surgeon General, Federal Security Administrator Oscar R. Ewing announced that Dr. J. R. Heller, Jr., Chief of the Service's Venereal Disease Division since 1943, would take Dr. Scheele's place as director of the National Cancer Institute at Bethesda, Maryland, and that Dr. T. J. Bauer, for some time on detail with the Chicago Board of Health, would succeed Dr. Heller at Washington headquarters as VD Chief. The appointments became effective May 15th.

As director of the Cancer Program, Dr. Heller will have charge of the research conducted at the Bethesda laboratories, research grants-in-aid to other laboratories and hospitals, assistance to the States and Territories for training and control work, research fellowships and trainee-ships for advanced medical education of cancer specialists.

Dr. Heller's major career in public health, which commenced in 1930 following graduation from Emory University, has been concerned with venereal disease control. His experience and demonstrated ability as a public health administrator make him extremely well-suited to direct the combination research and service program now being developed and expanded for cancer prevention and control. As Chief of the wartime and postwar Federal program for venereal disease control he has had much of the same kind of problems to meet. As a Technical Counselor of the International Union against the Venereal Diseases and a member of the Union's Committee on Cooperation with the UN World Health Organization, he has had opportunity to gain an international outlook which will also stand him in good stead in his new responsibilities, as well as his experience in 1947 in making a survey on civilian venereal disease control in the U. S. Zone of Germany at the request of American military authorities.



DR. HELLER



DR. BAUER

Dr. Bauer, new Chief of the VD Division, is a native of Iowa, and has been with the Public Health Service since graduation from the College of Medicine of the University of Iowa in 1933. His work has been principally in the field of venereal disease control. In his assignment with the Chicago Board of Health he has served as City Venereal Disease Control Officer and as Medical Officer in charge of the Chicago Intensive Treatment Center.

**Towards a Ten-Year Program in Health.**—More than 800 medical and lay delegates to the National Health Assembly, called by Oscar R. Ewing, Federal Security Administrator, at President Truman's request, met in Washington, D. C., May 1-4. All sessions of the Assembly, whose objective was to outline a ten-year program of national health goals, were held at the Hotel Statler. Authorities and leading citizens from all parts of the country discussed maternal and child health, hospital facilities, chronic diseases, rural health, rehabilitation, mental health, nutrition, sanitation, control and prevention of communicable diseases, medical research, compulsory versus voluntary health insurance, professional personnel, local public health units, community planning and dental health.

President Truman addressed the Assembly extemporaneously at a dinner meeting May 1. Other special features of the meeting were a luncheon on May 1 in observance of Child Health Day and another on May 4 to celebrate the Public Health Service's 150th anniversary. Further details will be published as reports become available.

**National Conference on Family Life.**—Immediately following the National Health Assembly, representatives of 125 national organizations met in Washington for the first National Conference on Family Life. A reception by the President and Mrs. Truman and part of the sessions were held at the White House. Details of this meeting, at which the ASHA was represented by Dr. Mabel Grier Leshner and Dr. William F. Snow, will be reported in later issues of the JOURNAL.

**Mid-Century White House Conference on Children and Youth.**—State officials and members of State planning commissions for children and youth from 45 States, Alaska, Hawaii, and the District of Columbia met in Washington from March 30 to April 1 to initiate State and local action during the next two years in preparation for a mid-century White House Conference on Children and Youth. The meeting was called jointly by the Children's Bureau of the Federal Security Agency and the National Commission on Children and Youth.

The purpose of the meeting, as stated by Miss Katharine F. Lenroot, Chief of the Children's Bureau, was to get a clearer picture of the kind of physical and emotional health wanted for children who are living in an atomic age; what is being done to prepare them for this new world; what needs to be done to improve and increase community, State, and national services for children and youth for this new era. Miss Lenroot also stated the conference group, in preparation for the 1950 White House Conference, would get reports on present programs operating for children and youth, propose new



cooperative projects for national, State and local organizations, consider necessary new State legislation and recommend research and demonstration projects which should be undertaken by Federal agencies.

**Interdepartmental Committee Formed on Children and Youth.**—Mr. Oscar R. Ewing, Federal Security Administrator, on April 10 invited branches of the Federal Government concerned with the well being of children and youth to accept membership on an Interdepartmental Committee on Children and Youth. The Departments of Agriculture, Interior, Justice and Labor, the Administrative Office of the United States Courts and the Housing and Home Finance Agency have been invited to work on this committee. The committee was formed at the suggestion of President Truman who said in a letter urging such action, "We have done much in the United States to provide a good start for our young people. We must do still more. The health, welfare, and intellectual development of our children, and their preparation for the responsibilities of citizenship, are essential to our national progress. The Federal Government as well as the States, should work together with all those throughout the land who are concerned with assuring a fair chance in life to all children, regardless of race, creed, or other circumstance."

President Truman suggested that the Interdepartmental Committee, when formed, should assist the Children's Bureau, in cooperation with the National Commission on Children and Youth and other organizations, in laying the groundwork for the 1950 White House Conference on Children.

The personnel of the Committee has not yet been announced.

**National Social Work Conference Celebrates Seventy-Fifth Anniversary.**—Atlantic City was the scene of the 75th anniversary meeting of the National Conference of Social Work, April 17 to 23. Estimated attendance was 8,000 social workers from all over the nation, with about 200 from other countries attending the International Conference of Social Work held jointly there and in New York. The program included a notable series of sessions by the Conference's twelve Sections on: *Social Case Work, Child Care, Delinquency, The Aged, Social Group Work, Community Organization and Planning, Public Welfare, Health, Mental Health, Industrial and Economic Problems, Methods of Social Action and Administration*, as well as programs of associate and special groups, some twenty of which met during the week. The General Sessions, whose audiences filled the huge auditorium, were outstanding for topics and speakers, including a number of international representatives. A special meeting was held as a memorial to Howard R. Knight whose sudden death last September deprived both the National and International Conferences of a king-pin worker. Mr. Knight had been secretary of the National Conference since 1926.

Officers of the National Conference elected for 1948-49 are:



President, Ralph H. Blanchard, executive director of the Community Chests and Councils of America; vice presidents, Dr. Martha M. Eliot, associate chief, Children's Bureau, Social Security Administration, Federal Security Agency; Loula Dunn, Commissioner of the Alabama Department of Public Welfare, and Benjamin E. Youngdahl, Dean of the George Warren Brown School of Social Work, Washington University, St. Louis.

Next year's conference will be held in Cleveland, Ohio, June 12-18.

**First Annual Survey Award Presented to Dr. Howard A. Rusk.**—

The first annual *Survey* award for "an imaginative and constructive contribution to social work," recently established in memory of Dr. Edward Thomas Devine, first editor of the *Survey*, was presented April 22 during the National Conference of Social Work in Atlantic City, to Dr. Howard A. Rusk for his outstanding work in translating into civilian life what was learned about rehabilitation in the armed forces. The presentation was made by Dr. Eduard C. Lindeman.

Dr. Rusk was chief of the Convalescent Training Division, Office of the Air Surgeon, and from 1942 to 1945 worked on rehabilitation with men of the Air Force. Now he is Director of the Department of Rehabilitation and Physical Medicine, Bellevue Hospital, New York City; Professor and Chairman of the Department of Rehabilitation of New York University; Director of New York University's Institute of Rehabilitation. He is also an Associate Editor of the *New York Times*.

**American Medical Association Holds Annual Convention in Chicago.**—A possible total registration of 30,000 persons, including 12,000 doctors, is expected at the annual American Medical Association convention to be held in Chicago, June 21-25. This is AMA's 101st annual meeting.

An extensive group of technical exhibits will be shown on Navy Pier. Among these is one planned by Dr. Walter Clarke, Executive Director of the American Social Hygiene Association, on blood testing for syphilis among industrial workers, which will be based on three surveys made by ASHA in industry in 1933, 1941 and 1947. One of the most interesting facts shown by these surveys is the substantial increase through the fourteen years in the number of companies that do blood testing of applicants and employees. However, between 1941 and 1947 there has been a decline in the number of companies systematically giving venereal disease education to employees. This may be due to a relaxation in vigilance due to the close of the war.

**National Society for Prevention of Blindness Appoints Health Education Director.**—Dr. Franklin M. Foote, Executive Director of National Society for the Prevention of Blindness, has announced the appointment of Miss Doris G. Chandler as Director of Health Education. Miss Chandler, who holds a Master's degree from Yale University School of Public Health, has recently been Executive Secretary of the Metropolitan Health Council of Dayton and Montgomery County, Ohio. She was, in the 1920's, a member of the staff

of American Social Hygiene Association, Division of Public Information and Extension, and following this assignment was for some years a worker in the Far East, Japan and China, and more lately in Hawaii with public health and educational organizations. She has also worked with the New York Tuberculosis and Health Association.

**National Urban League Holds Annual Meeting in New York City.**—In a session on March 9 in its N. Y. Headquarters at 1133 Broadway the National Urban League held its annual meeting. Following remarks by President Lloyd K. Garrison and Executive Secretary Lester B. Granger's report new officers and members of the Executive Board were elected as follows:

Treasurer, Benjamin J. Bittenwieser, Investment Banking Firm of Kuhn, Loeb & Co.; Vice President, Elmo Roper.

Members: Gardner Cowles, editor and publisher, *Look* Magazine; Edward Stanley, author of the best seller, *Thomas Forty*; William H. Dean, Economics Affairs Officer, United Nations Secretariat; Noah C. A. Walter, member, New York State Workmen's Compensation Board; Judge Irvin C. Mollison, United States Customs Court; Julian J. Reiss, industrialist.

Richmond, Virginia, has been selected as the place of the National Urban League's 1948 Annual Conference, to be held September 6-10.

**Chester I. Barnard Succeeds Raymond B. Fosdick as Head of Rockefeller Foundation.**—Chester I. Barnard has been named to succeed Raymond B. Fosdick as president of the Rockefeller Foundation on June 30 when Mr. Fosdick reaches the mandatory retirement age of sixty-five. Mr. Fosdick has been president of the Foundation since July, 1936, and a trustee for twenty-seven years. Mr. Barnard, his successor, has also been a trustee of the Foundation since 1940 and is a member of its executive committee.

Both Mr. Fosdick and Mr. Barnard are proved friends of social hygiene. Mr. Fosdick has served as a member of the ASHA Board of Directors and as Chairman of its International Committee on Activities and Relations. In 1914, early in his association with the Rockefeller philanthropies, he made a comprehensive study of European and American police systems, involving many social hygiene problems.\* His interest in social hygiene was heightened and increased by his service as Chairman of the War and Navy Department Commissions on Training Camp Activities during World War I, and later service as Director of the Bureau of Social Hygiene.

Mr. Barnard, as national president of the United Service Organization in World War II, from 1942 to 1945, had an opportunity to become well informed on social hygiene activities, and has given staunch support to the national organization's aims.

\* *European Police Systems*, The Century Company, 1915. (3rd in a series.) *American Police Systems*, The Century Company, 1921.



## NEWS FROM THE STATES AND COMMUNITIES

ESTHER EMERSON SWEENEY

*Associate Director, Division of Public Information and Extension,  
American Social Hygiene Association*

### **California: Social Hygiene Association Completes Successful Year.**

—Lawrence Arnstein, executive Secretary of the California society, sends an interesting report of work accomplished in 1947, from which the following highlights are taken: An intensive educational program in 1947 emphasized to industrial executives and personnel the importance of detection, treatment and prevention of venereal disease. Three hundred thirty-six firms were visited and 256,599 pamphlets distributed. This industrial program was carried on in San Francisco, Los Angeles, Oakland, Alameda, Emeryville, Santa Clara and other bay counties.

Continuing its policy of cooperation with various official agencies, the Association, together with the Health Department, Board of Education, and PTA, obtained a grant of \$7,500 from the Rosenberg Foundation to start a Training Center at the University of California for Family Life, Health and Social Relations. Later the University of California was induced to take over the sponsorship of this work.

When the psychiatric service of the Health Department was threatened with elimination, the Association intervened and was able to help persuade the State Department of Public Health to continue the San Francisco Clinic psychiatric division.

Through the mutual efforts of the Association and the San Francisco, Los Angeles, San Diego and Oakland Community Chest committees, over five million dollars for the continuation of the state program of nursery schools was obtained. Other organizations offering their cooperation in this effort to keep down potential juvenile delinquency were the PTA, Veterans of Foreign Wars and League of Women Voters.

**California: Health Department Venereal Disease Service Reports on Prostitution.**—For the first nine months of 1947, according to a statement in *California's Health*, published by the Department, 2,738 prostitutes were reported as sources of infection by venereal disease patients. This figure was 20 per cent of the total of 13,948 contacts mentioned in epidemiologic investigations of venereal disease cases.

These figures, the statement says, reveal two outstanding aspects of the California situation:

1. Prostitution continues to be a major factor in the spread of venereal diseases.
2. Prostitution is widespread in California at the present time.



Unknown factors which would add to the totals presented are:

1. How many other cases were spread by prostitutes who were not named as contacts?
2. How many cases go undiagnosed and uninvestigated in areas of the State not staffed for such services?

**Illinois: Association for Family Living Sponsors Pre-Adolescent Course.**—Final session on *The Growth and Development of the Child* was held early in March at the Association's Chicago headquarters for parents and those persons working with boys and girls who are "half-way up the stairs." A feature of the course was the section on *Brothers and Sisters in the Family* held in February.

Among questions discussed during the three sessions of this particular course section were:

1. Why are pre-adolescents so restless?
2. What should the child know about sex during these years?
3. Group loyalty versus family loyalty—which will win?
4. Are there values in the gang activities of these children?

**Massachusetts Society for Social Hygiene Holds Annual Meeting.**—Dr. R. A. Vonderlehr, formerly chief of the United States Public Health Service Venereal Disease Division, and now in charge of the Service's Communicable Disease Center at Atlanta, Georgia, was guest speaker at the Society's Annual Meeting on April 28, which took the form of a dinner at the Boston City Club. Dr. Vonderlehr's subject was: *Past, Present and Future Responsibilities of the Social Hygiene Societies in the Control of Venereal Diseases*. An honored guest at the dinner meeting was Dr. William A. Hinton, Chief of the Wassermann Laboratory of the Massachusetts State Department of Public Health, and a member of the faculty of Harvard Medical School. Dr. Hinton was recently elected an Honorary Life Member of the American Social Hygiene Association and of the Board of Directors of the Massachusetts Society.

**Missouri Social Hygiene Association Follows Up Venereal Disease Educational Program.**—Following completion of its "Area Project," neighborhood campaign for venereal disease education in St. Louis during which 207,738 house-to-house visits were made by volunteers, the Association concentrated its elementary venereal disease education in two districts of the city with the highest venereal disease rate, according to the Annual Report recently issued. Objectives of the program call for citizen participation and serving those who need it most. The plan's technique has been to organize citizens in the district and those with business interests, to take the initiative in and responsibility for reducing venereal disease.

Features of the plan were:

1. Formation of neighborhood health committees; 2. Group counselling of parents and young people; 3. Radio interviews with board and staff members; 4. Cooperative program of social hygiene education between the County Health Department and the Association
5. Use of the Public Library through book reviews and lists; 6. Consultations and participation in special meetings and conferences.

**New York City: Social Hygiene Committee Holds Sessions at Annual Conference of TB and Health Association.**—Several social hygiene sessions were held during the Annual Joint Conference of the Tuberculosis Sanatorium Conference of Metropolitan New York and the New York Tuberculosis and Health Association at Hotel Pennsylvania on March 9.

Recent advances in the diagnosis and treatment of syphilis and gonorrhea were described by the following speakers:

Dr. William Leifer, associate clinical professor of Dermatology and Syphilology, New York University Medical School; Dr. E. Houston Merritt, Chief of the Division of Neuropsychiatry, Montefiore Hospital and Professor of Clinical Neurology, College of Physicians and Surgeons, Columbia University; Dr. Thurman B. Givan, Professor of Pediatrics, Long Island (N. Y.) College of Medicine.

Social hygiene was also stressed in sessions on health education.

The TB and Health Association elected for its new president Dr. Kendall Emerson, who recently retired as Managing Director of the National Tuberculosis Association after 19 years of service in that office.

**New York City: Community Service Society's Centennial Program.**—The second of three major symposiums celebrating the society's centennial observance was held March 17 and 18 at the Hotel Roosevelt with health as the keynote of constructive living. Among the topics discussed were the following:

Child health, public health as a major community service, New York and London health plans, nutrition and family life, and family health. Among the speakers were:

Dr. Martha Eliot, associate chief of the U. S. Children's Bureau, Bailey B. Burritt, executive director of the National Health Council, Dr. Innes H. Pearse, medical director of the Pioneer Health Center in England, Dr. Thomas D. Dublin, of Long Island (N. Y.) College of Medicine, Henry E. Meleny of New York University College of Medicine. Dr. Frank G. Boudreau, executive director of the Milbank Memorial Fund, presided as chairman at one session and Albert G. Milbank, CSS vice-president, at another of the sessions.

Other speakers were Mrs. Bertha Shapley Burke of the Harvard School of Public Health; Charles Glen King, scientific director of the Nutrition Foundation, and Dr. W. R. Aykroyd, director of the Nutrition Division, Food and Agriculture Organization of the United Nations, Ruth Hubbard, president of the National Organization for Public Health Nursing, Ernest G. Osborne of Teachers College, Columbia University, New York, and Dr. Hugh Leavell of the Harvard School of Public Health.



The centennial program whose theme was *The Family in Tomorrow's World* began on January 22 in Town Hall and closed with a dinner on April 28 at the Waldorf Astoria Hotel with Dr. James B. Conant, president of Harvard, and Dr. Brock Chisholm, executive secretary of the Interim Commission of the United Nations World Health Organization, as speakers.

**Ohio: Joint Social Hygiene Committee Elects Officers.**—*Cleveland VD Information*, bulletin of the Joint Social Hygiene Committee of the Academy of Medicine and Cleveland Health Council, reports the election as chairman of Dr. Harold N. Cole, Professor of Dermatology and Syphilology at Western Reserve University School of Medicine and Director of this work at University and City Hospitals. Vice-chairman of the Committee is Edwin L. Kregenow, Director of Health Education for the Cleveland Board of Education. New members of the Committee representing the Academy of Medicine are Doctors W. E. Forsythe, H. H. Johnson, G. A. Myers and H. B. Wright. New Committee members representing agencies interested in social hygiene are Mrs. Elmer Bubb, president Cleveland PTA Council, and Mrs. Louis Gross, representing Hebrew PTA groups.

**Pennsylvania: Erie Social Hygiene Association Sponsors Marriage Course.**—Five sessions with questions and discussions were included in the series on *You Can Be Happily Married* held in Erie with Newell W. Edson, Association executive secretary, as leader.

Outstanding during recent months were the Youth Institutes, courses on *Boy-Girl Friendships*, the panel discussions for Y-Teen Clubs on the topic *Boy Dates Girls*, and the Marriage Counseling Seminars.

The Association's Social Hygiene Bulletin reports the Marriage Counseling Seminars were held under the auspices of the Erie Council of Churches. A series of six two-hour discussion periods on premarital counseling for ministers was held with 18 clergymen representing seven denominations enrolled.

**West Virginia: State Social Hygiene Association Formed.**—The West Virginia State Social Hygiene Association was organized January 29 with James B. Deck of Sophia, W. Va., elected president. Other officers are V. S. Carpenter, Huntington; Robert K. Powell, Fairmont, vice-presidents; Dr. Andrew P. Sackett, Charleston, secretary-treasurer.

The organization is expected to provide a channel through which local groups can keep in touch with one another with its chief function the organization of committees in communities which do not at present have them.



## EDUCATIONAL NOTES

BETTY A. MURCH

*Assistant Director, Division of Education and Public Health  
American Social Hygiene Association*

### SUMMER COURSES

**University of California, Berkeley:** *Six weeks Training Center in Family Life, Health and Social Relations*, June 2-July 31. Fellowships and travel grants. Leaders, Dr. Ralph G. Eckert, Dr. Alfred C. Kinsey et al. For further information write University of California, Berkeley.

**University of Southern California, Los Angeles:** *Courses in family life education*. Full six-weeks session. Mrs. Frances Bruce Strain. For further information address the registrar.

**American Institute of Family Relations:** week of August 2, *Workshop in Modern Methods of Marriage Counseling*, following regular six-weeks' university sessions, which will enable students and teachers attending summer sessions to participate. For details write to American Institute of Family Relations, 5287 Sunset Boulevard, Los Angeles 27, California.

**University of Denver, June 21-July 23, *Family Life Institute***, Drs. Abraham Stone, Bernard Stern and Eugene Link, leaders. Contact: Eugene Link, University of Denver, Denver, Colorado.

**University of Chicago:** *Workshop on Family Life Education*, August 2-September 3, for selected leaders currently active in school and community programs of education for family living. Leader, Dr. Evelyn M. Duvall. Further information may be secured from Workshop Secretary, University of Chicago, Chicago 37, Illinois.

**George Williams College (Chicago)** Summer Session at Lake Geneva, Wisconsin. *Social Hygiene Workshop*, July 19-August 31. Dr. J. A. Goldberg, instructor. For further information write to Prof. Arthur Steinhaus, George Williams College, 5315 Drexel Ave., Chicago 15, Illinois.

**University of Indiana, June 23, 24, 25; *Institute on Development of Personality***, led by Paul Popenoe. This is sponsored by the Indiana University School of Health, the State Department of Health, the Indiana Congress of Parents and Teachers and the Indianapolis Social Hygiene Association.

**Merrill-Palmer School, June 28-July 9, *Workshop for high school teachers of Family Life Education or other workers with parents and adults***. Merrill-Palmer School, 71 E. Ferry, Detroit, Michigan.

**New York City:** Nine courses on "*Preparation for Marriage and Family Living*" were organized by the New York Tuberculosis and Health Association, Social Hygiene Committee, in cooperation with United Parents Associations of New York, B'nai B'rith Youth Organization, Arrow Service Club, Recreation Rooms and Settlement, Educational Alliance, Washington Heights Y.M. and Y.W.H.A., Bronx House, Jacob H. Schiff Center, for the winter and spring months. Courses cover six to nine sessions. Seven of the courses have been completed. Current courses: Bronx House, Saturday evenings, March 2-May 12th; The Jacob H. Schiff Center, Sunday evenings, April 4-June 13. A course for teachers in schools of nursing has also been started. For further particulars write to Dr. J. A. Goldberg, Secretary, Social Hygiene Committee, New York Tuberculosis and Health Association, 386 Fourth Ave., New York 16, N. Y.

**Syracuse University:** *Health Education Workshop*, July 5-24, for in-service training of teachers and other educational workers interested in health education on the secondary school level. Three credit course for graduate and undergraduate students. For further information write to John H. Shaw, Department of Athletics and Physical Education, Syracuse University, Syracuse, N. Y.

**Vassar College:** Poughkeepsie, N. Y., July 1-29. *Workshops and seminars for parents, teachers, and other professional workers* will be offered in: *Child Development, Family Relationships, and Guidance; Parent Education Leadership; Family Needs and Community Resources; Nursery Schools, Day Nurseries, and Child Care Centers; The Modern Primary and Elementary School Curriculum; Special Education for the Hard of Hearing Child; Home-making, Household Management, and Personal Appearance; Radio and Public Speaking.* The work of the resident faculty is supplemented by the contributions of outstanding men and women who come for shorter or longer periods as visiting lecturers or resource specialists. For further information as to credit, etc., write Vassar Summer Institute, Vassar College, Poughkeepsie, New York.

**University of Cincinnati,** in connection with its summer school offers an Institute, "*Education for Family Life*," June 28 to July 3, with cooperation of Cincinnati Social Hygiene Society and American Institute of Family Relations. The Institute will concentrate on education for family life and counseling on marital problems. For counselors, teachers, clergymen, social workers, lawyers, physicians, nurses, executives of community and youth organizations. Leadership will include Roy E. Dickerson and Dr. Paul Popenoe. Institute fully accredited. For further information write Dean, Summer School, University of Cincinnati, Cincinnati 21, Ohio.

**Kent (Ohio) State University:** The Cincinnati institute (see above) will be substantially repeated at Kent during the week of July 5-10, by Mr. Dickerson and Dr. Popenoe. For details, write to Director, Summer Session, State University, Kent, Ohio.

**Pacific University,** Forest Grove, Oregon: *Course in Family Life Education in School and Community*, June 14th-August 20, accredited. In cooperation with the E. C. Brown Trust of the University of Oregon Medical School. Contact: Director of Admissions, Pacific University, Forest Grove, Ore.

**Rhode Island State College,** Kingston: *Courses in Education for Family Life*, July 6-August 13, offered in cooperation with the American Social Hygiene Association. Part I. *A Methods and Workshop Course* designed to meet the needs of administrators, teachers, school and public health nurses, social workers who seek training in the social hygiene aspect of education for personal and family living on the part of the home, the school and the church. Part II. *A Discussion Study Beyond the High School Level.* Each course, 3 credits. Instructor, Dr. Mabel Grier Leshner, ASHA Educational Consultant. For full information write to Director of Summer School, Rhode Island State College, Kingston, R. I.

**University of Utah,** Salt Lake City, will give its third summer session on *Social Hygiene and Family Life.* There will be a six week summer session from June 14 to July 23 and a post-session from July 26 to Aug. 28. Courses will include a *Family Life Institute* under the direction of Dr. Reuben Hill, a *Health Education Workshop* and the following related courses will be given during both sessions: *Child Development, Methods in Social Hygiene Education, The Family; Courtship and Marriage.* For further details write Registrar, University of Utah, Salt Lake City.

**The University of Pennsylvania,** through the School of Education and the Institute for Study of Venereal Disease. Sixth Annual Course in *Health and Human Relations*, sponsored by the United States Public Health Service, the American Social Hygiene Association, the Pennsylvania State Department of Health and the Division of Medical Services of the Philadelphia Board of Public Education. Registration dates, June 25th-28th; classes June 28th to July 30th, inclusive, at the Hospital of the University of Pennsylvania, 36th and Spruce Streets, Philadelphia.



## RECENT INSTITUTES AND CONFERENCES

**Connecticut: Lectures in Hartford.**—The Hartford Tuberculosis and Public Health Society reports a course of three social hygiene lectures recently given by Dr. Benjamin Gottesfeld on *Education for Responsible Parenthood*. This series was sponsored by the Newington Guidance Committee, North Newington PTA, Forest Hill Civic Club, and Graduate Nurses' Club.

Lectures in the *Education for Marriage* series have also been given recently by various local leaders to the teen-age groups at Immanuel Congregational Church. Lectures included *Physical and Mental Changes of Adolescence*, *Charm and Good Grooming*, *Homemaking for Health*, *Dating Do's and Don'ts* and *Religion in Marriage*.

**Florida: Family Life Institutes.**—A unique state-wide program of family life education, sponsored by the General Extension Division of the University of Florida, Gainesville, in cooperation with the Department of Social Work of the Florida State University, Tallahassee, was launched by the Florida Congress of Parents and Teachers at their annual meeting in St. Petersburg, November 4-6, 1947. The program has taken the form of a series of Family Life Institutes, with classes for parents and youth leaders, including such subjects as: *Making Marriage a Success*, *Education for Responsible Parenthood*, *Growing Up Emotionally*, *Modern Patterns in Sex Education* and *How to Educate Youth for Marriage*.

In most instances, the Institutes have been sponsored by PTA organizations in cooperation with other agencies concerned with advancement of marriage and family life in the community.

Institutes have been held in Quincy, Jacksonville, Ft. Lauderdale, Daytona Beach, Sarasota, Tampa, Port St. Joe, St. Petersburg, Camp O'Leno, Appalachieola, Orlando, and Live Oak. Institutes are scheduled for other cities; Deland, Bradenton, Sebring, Hollywood, Tallahassee, Clearwater, and Greensboro. Institutes for the fall include returns to some of these cities and additional ones over the state. These will probably include a week Institute for high school youth with instruction and studies in the mornings and afternoons, talks to civic groups at noon, and classes for parents in the evening.

Dr. Edwin R. Hartz of the Department of Social Work of Florida State University states that experience in these Institutes, along with a thousand questionnaires of public opinion in Florida, leads him to believe that adult leaders in the deep south are eager to secure some plan for education of young people in this field. In two large Florida cities by unanimous vote four hundred parents attending the Institutes recommended to the Boards of Education that courses in pre-education for marriage be included in the high school curricula.

Further information concerning these Institutes and similar activities in progress may be obtained from Dr. Hartz, Department of Social Work, Florida State University, Tallahassee, Florida.



## WORLD NEWS AND VIEWS

JEAN B. PINNEY      and      JOSEPHINE V. TULLER  
*Director*                      *Assistant Director*

LIAISON OFFICE FOR INTERNATIONAL SOCIAL HYGIENE AGENCIES  
AND ACTIVITIES

AMERICAN SOCIAL HYGIENE ASSOCIATION

### News from the United Nations

**World Health Organization Becomes a Permanent Agency.**—With the ratification of its Constitution by Mexico and Byelorussia, the World Health Organization on April 7 passed from its Interim Commission phase into the status of a full-fledged Specialized Agency of the United Nations. As of May 18 Denmark, Afghanistan, France and Poland have also ratified, making a total of 31 UN members, five more than the required number to bring WHO into being. Accepted by the delegates of sixty-one nations at the International Health Conference in New York in July 1946, the Constitution stipulated that it would "come into force when twenty-six members of the United Nations have become parties to it" by depositing their ratification documents with the Secretary-General of the United Nations at Lake Success.

Other UN Members which have ratified are: Australia, Canada, China, Czechoslovakia, Egypt, Ethiopia, Greece, Haiti, India, Iran, Iraq, Liberia, Netherlands, New Zealand, Norway, Saudi Arabia, Siam, Sweden, Syria, Turkey, Ukraine, Union of South Africa, Union of Soviet Socialist Republics, United Kingdom and Yugoslavia. UN non-members which have also ratified are: Albania, Austria, Finland, Ireland, Italy, Portugal, Switzerland and Transjordan. The WHO becomes the United Nations' ninth Specialized Agency, and the first in which the United States is not a member.\*

**First World Health Assembly Begins June 24 in Geneva.**—The ratifications already received mean that the first World Health Assembly will take place with delegations present from at least 39 nations, 31 UN members and 8 non-members. This historic meeting is scheduled to convene at the Palais des Nations, Geneva, on June 24, 1948, and will continue until the end of July.

\* As this issue of the JOURNAL goes to press, the House of Representatives has just passed a bill calling for USA membership in WHO, but since this bill differs radically from the legislation adopted by the Senate for this purpose in July, 1947, conference will be necessary before final approval can be given.

The Assembly will be faced with important medical and organizational decisions. It will discuss the report on the activities of the Interim Commission since its establishment at the International Health Conference in New York in 1946. It is expected that the Interim Commission as such will be dissolved within 30 days after adjournment of the World Health Assembly.

The Assembly agenda includes selection of a Director-General, a permanent site, consideration of regional offices, and a long-range program of activities. The Fifth Session of the Interim Commission, held in Geneva January 22 to February 7, examined several of these problems and drafted an agenda for the Assembly, the 1949 budget for the WHO, and a priority program of medical activities.

A number of nations have already declared a preference for a permanent site for WHO. Geneva heads the list, with New York, Paris, Washington and London successive choices.

The proposed 1949 budget amounts to \$6,387,995, more than twice the Interim Commission's budget for the first year of its work. The largest single sum, \$1,071,690, is allotted for fellowships, medical literature, teaching equipment, and emergency medical supplies. These will be used in the field services program to help national health administrations meet post-war problems with up-to-date scientific knowledge and equipment. Another important sum is provided to help governments of countries cut off from scientific developments by wartime censorship by furnishing advisory services and teams to demonstrate new medical and public health techniques.

**WHO Expert VD Committee Report Is Approved.**—In accordance with the high priority given venereal diseases among international health problems by the WHO Interim Commission in 1947, the Expert Committee on this subject met in Geneva January 12 to 16. Dr. John F. Mahoney, USA member, and Chief of the U. S. Public Health Service VD Research Laboratory at Staten Island, New York, was elected chairman. Other members of the Committee are Professor W. E. Coutts, Chief, Social Hygiene Department, National Department of Health, Chile; Professor Marian Grzybowski, Clinic of Dermatology, University of Warsaw, Poland and Dr. G. L. M. McElligott, Adviser on Venereal Diseases, Ministry of Health, London. A number of observers were also invited to certain sessions, among them Dr. Walter Burekhardt, of Zurich, Switzerland, president of the Swiss Society against Venereal Diseases and a technical counselor of the International Union against the Venereal Diseases.

A *Summary of Recommendations* which appears as the concluding item of the Committee's Report to the WHO Interim Commission is given below:

#### SUMMARY OF RECOMMENDATIONS OF THE EXPERT COMMITTEE

##### I. *Introduction*

Considering the international character of the VD problem, the increased prevalence of venereal infections after the second world war,

the high degree of effectiveness displayed by new antibiotics in the management of these infections and the present favorable absence of resistance on the part of the causative organisms of syphilis and gonorrhea, organizational programs in international combating of venereal diseases should go forward as soon as possible under the aegis of the WHO and its Interim Commission.

Until definite plans on many of the social aspects of the venereal disease problem now under consideration by United Nations and other international organizations become available WHO may find it advisable to concentrate on the public health and medical aspects in international venereal disease activities.

## II. *Delineation of the Problem*

In international combating of venereal diseases major emphasis should be placed on detection and treatment of early syphilis, special considerations being given to the remaining members of the venereal group of diseases: gonorrhea, chaneroid, lymphogranuloma venereum and venereum inguinale, in that order of relative importance, where special geographical or racial considerations pertain and in the spread of venereal diseases from one country to another.

The nature and extent of the problem of venereal infections should be determined, as far as possible, in each country, and countries should be encouraged to record at least basic data.

## III. *Fields of Activity*

### A. The Expert Committee recommends that:

there be recruitment and training of professional personnel in the various departments of VD control work under a fellowship and lectureship program;

research in the VD field, financially supported by WHO, be confined to organizations, institutions or individuals capable of carrying to a definite conclusion the study of significant problems;

VD information be sponsored and provided to health administrations, public health officers, specialists and the medical profession in general;

consideration be given at a later date to the requirements regarding health education and VD information for the public;

WHO be prepared to give expert advice on various phases of VD control work and that plans for field units, consisting of teams to demonstrate practical VD control activities be further studied;

### B. The Expert Committee further recommends that:

uniform serological procedures in syphilis be sought and that an international conference on serological standardization and laboratory aspects be called under the aegis of the WHO, not earlier than 1950;



a special sub-committee on serology and laboratory aspects be established in 1948 under the proposed WHO Committee on Venereal Infections, to prepare for such a conference of key serologists;

at least one first-class serological reference laboratory be at the disposal of the WHO and the potential services of existing laboratories be explored;

C. It is also recommended that:

measures should be taken by the WHO to encourage production of penicillin and to ensure an equitable distribution to all countries, and WHO or WHO.IC study current production and requirements of penicillin;

the medical profession in each country be warned that cumulative undue expenditure would endanger the availability of penicillin;

D. It is recommended that:

evaluation of modern treatment methods be made available through appropriate procedure proposed by the WHO Committee on Venereal Infections when sufficient time has elapsed to permit such evaluation;

E. It is finally recommended that:

working relationships be established and maintained with other international governmental and non-governmental organizations contributing to VD control;

close liaison be established between Expert Committees of the WHO where mutual problems are concerned;

#### IV. *International Health Regulations for Venereal Diseases*

Considering the principle expressed by the Economic and Social Council of the United Nations on advantages of replacing diplomatic conventions in technical fields by international regulations, the authority of the World Health Assembly to adopt such regulations in health matters and the views of governments on the desirability of revising and expanding the Brussels Agreement it is recommended that:

the Brussels Agreement be replaced by international health regulations for venereal diseases;

such international health regulations include migrants other than seafarers;

these regulations be based on the principles outlined in the report of the Expert Committee;

### V. *Presentation of the Polish Anti-Syphilis Plan*

The Expert Committee expresses its approval of the plan as presented by the Polish Ministry of Health, observing that the principles embodied might be of interest to other countries.

### VI. *WHO Committee on Venereal Infections, a Section on VD in the WHO Secretariat, and Finance*

In order to carry out the program in international combating of venereal diseases outlined, the Committee recommends that:

an advisory body be established on venereal infections, with powers to create special sub-committees;

a sub-Committee on Serology and Laboratory Aspects be appointed as soon as possible;

the proposed Committee and sub-Committee meet in September 1948, in New York.

It is further recommended that:

an adequately staffed section on venereal diseases be part of the administrative framework in the Secretariat of the WHO, to carry out essential activities, and that adequate funds be made available for the requirements of the proposed Committee, sub-Committee, the VD section in the Secretariat, and the specific proposals outlined.

Referring to item III E above, the full text reads as follows: \*

#### *Relations With Other International Organizations in the VD Field*

It is recognized that several other international organizations are carrying out activities contributing to VD Control. United Nations and several other international organizations are considering programs relating to the social hygiene, educational and other aspects of the problem. Full advantage should be taken of the services of these organizations, and relations should be established to co-ordinate future overall planning and action. Elsewhere in this report specific reference has been made concerning mutual problems appearing to require reciprocal consultations and action by such other international organizations.

Relations should also be maintained with non-governmental international organizations. The social implications of VD represent a field where these organizations can contribute to control programs.

\* A limited number of multilithed copies of the full report are available on request to the Office of International Health Relations, U. S. Public Health Service, Washington 25, D. C., or the Committee on International Relations and Activities, American Social Hygiene Association, 1790 Broadway, New York 19. An abridged version of the report appears in the *Chronicle of WHO*, February, 1948. Twenty cents per copy from the WHO offices at 350 Fifth Avenue, New York 1, or the Palais des Nations, Geneva, Switzerland.

The Committee observes that the Interim Commission at its fourth session requested that the reports of the International Union against the Venereal Diseases be made part of the Committee's reference material. In considering these reports the Committee approves the purposes and activities of this organization, and the proposed establishment by the Union of a liaison committee with the WHO, as set forth in the resolutions passed at the first post-war assembly of the Union.

*It is recommended that liaison be maintained by the WHO with other international governmental and non-governmental organizations carrying out activities contributing to venereal disease control, in order that future overall planning and action be co-ordinated.*

. . . The Committee takes notice that the International Union against the Venereal Diseases is presently undertaking a systematic compilation of current VD laws and regulations in all countries and areas of the world. It would appear desirable that this project be supported by the WHO.

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The WHO Interim Commission considered this report at its Fifth Session January 22 to February 7, and approved the recommendations for further study and translation into action as fast as circumstances and facilities permit.

### Economic and Social Council

6th Session, Interim Headquarters, Lake Success, N. Y., February 2-March 11.

Seventeen nations were represented: Australia, Brazil, Byelorussian Soviet Socialist Republic, Canada, Chile, China, Denmark, France, Lebanon, Netherlands, New Zealand, Norway, Peru, Turkey, Union of Soviet Socialist Republics, United Kingdom and United States. Officers for 1948 are: *President*, DR. CHARLES MALIK, Lebanon; *First Vice-president*, HERNAN SANTA CRUZ, Chile; *Second Vice-President*, LEONID I. KAMINSKY, Byelorussian S.S.R; *U.S.A. representative*, WILLARD L. THORP.

Two departments of the UN Secretariat are assigned to assist the Council and its Commissions. The Department of Economic Affairs, headed by A. D. K. Owen, Assistant Secretary General, and the Department of Social Affairs, headed by Professor Henri Laugier, Assistant Secretary General.

ECSOC considered an agenda of 45 items during its Sixth Session, among them reports from the Social Commission following its second session last August-September (see JSH, November, 1947) from the Commission on Human Rights and from the Commission on the Status of Women, which met in January. (*See below.*)

Among the important steps taken was the decision that the Secretariat should undertake surveys of child welfare and of the situation of children displaced by the war. (See UN Bulletin, Mar. 15, p. 218.)

Next ECSOC meeting will be the 7th Session, beginning July 19 at Geneva.



### Social Commission

Eighteen nations are represented. Attending the 3rd Session were Mr. R. B. CURRY, Canada; Dr. Y. C. YANG, China; Dr. ORTIS RODRIGUEZ, Colombia; Dr. FRANTISEK KRAUS, Czechoslovakia; ALICE BRUUN, Denmark; Dr. JOSÉ ANTONIO CORREA, Ecuador; HENRY HAUCK, France; ALEXIS KYROU, Greece; Dr. SABID AWNI KHALIDY, Iraq; Dr. JOHANNES CORNELIS VAN HEUVEN, Netherlands; Dr. W. B. SUTCH, New Zealand; Dr. ISMAEL BIELICH, Peru; J. KATZ-SUCHY, Poland; Dr. LOUIS VAN SCHALKWIJK, Union of South Africa; ALEXANDER P. BORISOV, Union of Soviet Socialist Republics; ARTHUR J. ALTMAYER, United States; OSWALD COLEMAN ALLEN, United Kingdom and Mrs. KRISTA DJORDJEVIC, Yugoslavia.

Officers for 1948 are: *Chairman*, Dr. W. B. SUTCH, New Zealand; *First Vice-chairman*, Dr. Y. C. YANG, China; *Second Vice-chairman*, Mrs. KRISTA DJORDJEVIC, Yugoslavia; *Rapporteur*, Dr. J. C. VAN HEUVEN, Netherlands.

3rd Session, Interim Headquarters, Lake Success, N. Y., April 5-22.

Much of the Commission's work at this stage consists of deciding what studies should be made, with a view to recommending action at a later date. Questions of migration and advisory social welfare services were emphasized in the 3rd session. On migration the Commission made recommendations on the allocation of funds among various agencies, and accepted a series of fundamental objectives, including rational planning of migratory movements with maximum social economic and political advantage, the best conditions for organizing and financing such movements, the guarantee of equality of treatment for migratory workers and indigenous population, and cultural aspects of migration. On social welfare services, the Commission decided to recommend that the UN Secretariat's program should be continued, but emphasized its emergency character.

### Commission on the Status of Women

2nd Session, Interim Headquarters, Lake Success, New York, January 5-19.

*Chairman*: Mrs. MARIE HELENE LEFAUCHEUX, France; *First Vice-chairman*, Mrs. AMALIA C. DE CASTILLO LEDON, Mexico; *Second Vice-chairman*, Miss ELIZAVIETA ALEKSIEVNA POPOVA, USSR; *Rapporteur*, Mrs. ALICE KANDALEFT COSMA, Syria.

*Present also*: Mrs. J. M. GRAY STREET, Australia; Mrs. E. I. URALOVA, Byelorussian SSR; Mrs. C. ZUNG, China; Mrs. BODIL BEGTRUP, Denmark; Mrs. C. MORALES DE ESCHVERRIA, Costa Rica; Mrs. MIHRI PEKTAS, Turkey; Miss M. SUTHERLAND, United Kingdom; Miss DOROTHY KENYON, United States; Mrs. ISABEL DE URDANETA, Venezuela; Miss MAASS, UNESCO; Miss HOWELL, WHO; Miss M. FAIRCHILD, ILO; Miss TONY SENDER, AF of L; Miss MINERVA BERNARDINO, Inter-American Commission of Women.

Most of the recommendations made in the Commission's report to the Economic and Social Council dealt with the promotion of women's status politically,\* economically, educationally and otherwise. Among resolutions relating to special problems was one on *Commercialized Prostitution and Venereal Disease*, reading as follows:

"The Commission considered a draft resolution on venereal disease. The subject matter being within the terms of reference of the Social Commission and the World Health Organization, it was decided to include it as Annex B of the present report for transmission to these bodies.

\* It was reported that of 74 nations studied with regard to the rights of women to vote and to hold public office, 47 of the states now have legal provisions giving women equal rights with men on franchise and eligibility for office. Argentina and Venezuela have recently granted such rights.

"WHEREAS, commercialized prostitution and state regulation of prostitution is a violation of human rights and is contrary to the principles of the United Nations; and brings the greatest dishonor, degradation and humiliation upon women; and WHEREAS,

"It is known that in many countries powerful and wealthy interests are involved in commercialized vice and in the traffic in women, and oppose all efforts to eradicate this social evil; and WHEREAS,

"The existence of brothels provides a market for women and therefore encourages traffic in women, which is contrary to international conventions: and WHEREAS, the best informed opinion today is that the evils of prostitution and venereal disease should be dealt with by social workers and doctors and that the most effective preventive of venereal disease is free and secret treatment of venereal disease accompanied by suitable education; THEREFORE, the Commission on the Status of Women requests the Economic and Social Council to forward this resolution to the Social Commission and World Health Organization for their information."

(For further information on the Commission's work at this session and achievements to date see: *United Nations Bulletin*, January 1; *Status of Women Reviewed: UN Secretariat Examines Political Rights in 74 States*, April 15; *Work for Women's Equality of Status*, Marie-Helene Lefaucheux.)

### News from the International Agencies

**1948 General Assembly of International Union against VD Planned for Copenhagen.**—Dr. Andre Cavaillon, Secretary-General of the International Union, has notified the president, Dr. William F. Snow, that an invitation to hold the Union's 1948 General Assembly in Copenhagen, Denmark, has been received at the Union's headquarters in Paris, from the Danish Government through Dr. H. Brun-Pedersen, Assistant Secretary-General, and that plans are going forward accordingly. Dates for the Assembly have been tentatively set for September 6 to 10.

Three recently appointed special committees of the Union, March 31 to April 4, met at The Hague, Holland, to discuss various next steps in the international program, as proposed in a series of resolutions adopted following the 1947 General Assembly in Paris last October.\*

### International Congress on Mental Health to Be Held in London.

Three international conferences, on *Child Psychiatry*, *Medical Psychotherapy*, and *Mental Hygiene*, will comprise the program of the International Congress on Mental Health, scheduled to occur in London August 11 to 21 next. The latter topic, with the theme, *Mental Health and World Citizenship*, will occupy the major part of the program, and the International Committee on Mental Hygiene is the sponsoring agency. The other two Conferences are under the auspices of the International Committee for Child Psychiatry and the International Federation for Medical Psychotherapy respectively, with a special committee of the British National Association for Mental Health responsible for Congress organization. Dr. John R. Rees of London is Congress president.

\* For text of these resolutions and further information concerning the purposes of the committees please see March JOURNAL OF SOCIAL HYGIENE, pp. 133-140, or Pub. U-1, *Summary Report of the First Postwar General Assembly*, available from the Union's Regional Office for the Americas, Room 1404, 1790 Broadway, New York 19, N. Y. 40 cents.



Membership in the Congress is open to trained workers in mental health and related subjects and to members of recognized organizations in this field. More than 1000 interested persons from 44 countries have indicated that they will attend, and 83 U. S. discussion groups are presenting reports which will be collected and integrated as the U. S. contribution to the program. Congress expenses are being defrayed from private contributions. It is proposed that out of the Congress will be formed a continuing World Federation for Mental Health, which might serve as a consultative agency on mental health for UNESCO and the World Health Organization.

Sessions will take place at Central Hall, Westminster, London, S.W. 1, and inquiries and applications may be addressed to The Organiser, International Congress on Mental Health, 39 Queen Anne Street, London, W. 1, England.

In the United States, a 12-man Executive Committee of the International Committee for Mental Hygiene is coordinating activities, and all inquiries should be addressed to Dr. Nina Ridenhour, Executive Offices, 1790 Broadway, New York 19.

**Ninth Pan American Child Congress Held in Caracas.**—The most important work done by the Congress in its Venezuelan meeting early in January, according to reports received from the U. S. Delegation, headed by Katharine Lenroot, was the preparation of a model children's code designed for adoption by all the American republics. The code calls for establishment by law of the right of the child to health, adequate nutrition, education, material and moral security, special laws and courts and the free administration of justice. Included are measures designed to prevent exploitation of the child, and to abolish the concept of delinquency in that no acts committed by minors are punishable. Complete blueprints for the organization of social services for mother and child, based on USA experience, were also presented by the United States delegation.

Dr. Gustavo Machado was re-elected president of the Congress, which was organized by the Pan American Association for the Protection of Childhood, whose headquarters are in Montevideo, Uruguay, Dr. Roberto Berro, Director General.

**Pan American Congress of Ophthalmology Meets.**—At its meeting in Havana, January 4 to 10, delegates to the Third Pan American Congress of Ophthalmology considered a comprehensive series of scientific topics, and drew up a code proposed to serve as a basis for legislation recommended for adoption by all American nations working towards the prevention of blindness in the hemisphere. More than 500 delegates were registered for the Congress, with many observers and visitors. An extensive social program was arranged, in addition to the official sessions at Havana University. Mexico City was chosen as the site for the Fourth Congress, planned for 1952, and Dr. Conrad Berens of New York City was elected president, succeeding Dr. Thomas R. Yanes, of Cuba.

U. S. delegates, aside from Dr. Berens, who is vice-president of the National Society for Prevention of Blindness, included Eugene M. Blake and William L. Benedict, NSPB Board members, Dr. Franklin M. Foote, Executive Secretary, and Mrs. Eleanor Brown Merrill, former Executive Secretary, and Mr. Merrill.



**U. S.-Mexico Border Public Health Association Holds Sixth Annual Conference.**—Laredo, Texas and Nuevo Laredo, Tamaulipas, Mexico, were host communities to the sixth annual conference of the United States-Mexico Border Public Health Association March 19 to 22. In addition to a series of general sessions, addressed by health leaders from both countries, including Dr. Ignacio Morones Prieto, Deputy Secretary, Mexican National Department of Health, USPHS Assistant Surgeon General C. L. Williams, Sr., Dr. Fred L. Soper, Director, Pan American Sanitary Bureau, and Clarence I. Sterling, Director, Institute of Inter-American Affairs, there were section meetings on five special topics, among them the venereal diseases, with Dr. John F. Mahoney, UPHS officer and Chairman of the WHO Expert VD Committee, and Dr. Jaime Velarde Thome, Mexico's VD Control Officer, as leading discussants. Dr. Mahoney represented the International Union against VD at the meeting, while Dr. Walter Clarke, ASHA Executive Director, and Paul Kinsie, Director, ASHA Legal and Social Protection Division, represented the Association.

Officers for the ensuing year were elected as follows:

President, Dr. Victor Ocampo Alonzo, Hermosillo, Sonora; President-elect, Dr. George W. Cox, Austin, Texas; Vice-presidents, Dr. Jose Angulo Araico, Mexicali, Baja California; Dr. J. P. Ward, Phoenix, Arizona; Secretary, Dr. M. F. Haralson, El Paso, Texas; Pro-secretary, Dr. Gustavo A. Rovirosa, El Paso, Texas.

The 1949 meeting will be held at Nogales, Arizona and Nogales, Sonora, Mexico.

A number of resolutions\* designed to promote continued cooperation, to support the World Health Organization, and otherwise strengthen public health efforts were adopted, and Dr. Hugh S. Cumming, Director Emeritus of the Pan American Sanitary Bureau, was elected the First Honorary Life Member of the U. S.-Mexican Border PHA.

\* Among these resolutions several related to the program discussed and approved at a meeting called June 30-July 2, 1947, at Laredo, which was reported in the *Bulletin* of the Pan American Sanitary Bureau of September, 1947, as follows:

The representatives of the Ministry of Health and Welfare of Mexico, the United States Public Health Service and the State Departments of Health of Arizona, California, New Mexico and Texas, having been called into conference at Laredo, Texas, from June 30 to July 2, 1947, by the Director of the Pan American Sanitary Bureau to study the border health program of the Ministry of Health and Welfare of Mexico, and the desirability of corresponding action on the part of the U.S.A. health authorities, do hereby agree upon the following:

1. That the program presented by the Ministry of Health and Welfare of Mexico be endorsed and accepted as the basis for a coordinated health program along the U.S.A.-Mexico border.

2. That the Pan American Sanitary Bureau coordinate health activities along the border and promote increased direct contact between the local health officers of adjoining communities.

3. That health activities along the whole border be immediately intensified for the control of venereal diseases, and of tuberculosis, for public health education and maternal and child health, and in limited zones for the control of malaria and rickettsiasis.

**Pan American Sanitary Bureau Has New Secretary.**—Dr. Fred L. Soper, Director, Pan American Sanitary Bureau, has announced the appointment of Miguel E. Bustamante, M.D., Dr.P.H., as Secretary General of the Bureau, succeeding Dr. A. A. Moll, who resigned last year. Dr. Bustamante was formerly Director of the Mexican Institute of Health and Tropical Diseases, governmental Research Epidemiologist and Professor of Preventive Medicine and Hygiene in the School of Medicine. He received his medical degree from the National University of Mexico, and his Doctor of Public Health degree from Johns Hopkins University.

### News from Other Countries

**British Social Hygiene Council Announces Summer Courses.**—The BSHC plans a summer school session on The Schools and the Land at Seale-Hayne, near Newton-Abbot, Devon. It is also hoped, depending on the British Government's decision regarding travel, to repeat the summer course for teachers and leaders given last summer in Switzerland. Lausanne is the place, and the dates are August 17–31. For further information inquire of the Council at Tavistock House North, Tavistock Square, London, W.C. 1.

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4. That community health councils be organized in border cities and towns commencing in those where health and welfare centers exist, representatives of these local councils to compose international committees for the solution of problems of common interest to the adjoining communities.

5. That local immediate direct reporting be instituted between adjoining border communities for morbidity and mortality information on tuberculosis and venereal disease cases and their contacts which may have public health significance to the corresponding communities. The interchange of morbidity information should include data on smallpox, poliomyelitis, trachoma, typhoid, leprosy, meningococcus meningitis, diphtheria, the existence of rabies in the community, and such other diseases as may be of significance to the adjoining community.

6. That the exchange of information concerning the bacteriological quality of local water supplies along the border between adjoining communities be instituted.

7. That the Pan American Sanitary Bureau explore the possibility of making available educational material in Spanish for use along the border of U.S.A.-Mexico.

8. That the Pan American Sanitary Bureau serve as a clearing house for information regarding needs of special training of health personnel and the facilities for meeting them.

9. That the Pan American Sanitary Bureau continue the publication of abstracts of important current venereal disease literature and explore the possibility of cooperation on this matter with the Ministry of Health and Welfare of Mexico.

10. That recognizing the importance of the U.S.A.-Mexico Border Public Health Association it be recommended that the Pan American Sanitary Bureau continue to support this organization.

**World Events—Current and Future****United Nations Meetings**

(at Lake Success, New York, unless otherwise noted)

May 15-21	Conference of International Non-governmental Organizations (Geneva).
May 20	Commission on Human Rights—Third Session.
July 13	Committee on Arrangements for Consultation with Non-governmental Organizations (Geneva).
July 15	Agenda Committee—Economic and Social Council (Geneva).
July 19	7th Session. Economic and Social Council (Geneva).
September 21	General Assembly. 3rd Session (Paris).

**UN Specialized Agencies****UNESCO**

May 3	International Teachers' Organizations (Paris).
June 28	11th International Conference on Public Instruction (Geneva).
July 15	Seminar on Teacher Education (Undetermined).
July 21	Seminar on Childhood Education (Undetermined).

**WHO**

June 24	First World Health Assembly (Geneva).
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**Other World Events**

July 7	International Union of Biological Sciences. 8th International Congress of Genetics (Stockholm).
September	Pan American Sanitary Organization (Executive Committee and Directing Council) (Mexico City).
August 12-21	International Congress on Mental Health (London).
September 6-10 (Tentative)	International Union against the Venereal Diseases: General Assembly (Copenhagen).

**Recent Publications of International Social Hygiene Interest***(For additional listings see Publications Received, elsewhere in this number of the JOURNAL)***REPORTS, PAMPHLETS, AND LEAFLETS****Of or about the United Nations**

- Charter of the United Nations and Statute of the International Court of Justice. A pocket-size edition. Published by the UN Department of Public Information, Lake Success, New York. 1948. 72 pp.
- The World Health Organization. A Fact Book. March, 1948. Available from the WHO at 350 Fifth Avenue, New York 1, New York.
- UNESCO and the National Commission. Basic documents. (Constitution; Joint Resolution providing for United States membership and authorizing an appropriation; officers and executive committee and members of the U. S. National Commission). U. S. State Department Pub. 3082. Government Printing Office, Washington 25, D. C. 20 pp. 10¢.



**Digest of UNESCO Program for 1948.** U. S. State Department Pub. No. 3081. 12 pp. Government Printing Office, Washington 25, D. C. 5¢.

**UNESCO and You.** Published by the U. S. National Commission for UNESCO, Washington, D. C. September, 1947. 44 pp. U. S. State Department Pub. 2904.

*Questions and answers on the how, what and why of your share in UNESCO, together with a six-point program for individual action.*

**How to Think about the United Nations.** By Fred Smith. Published by the Graphics Group, Whitestone, L. I., New York. An illustrated booklet described by the publishers as "All you need to know, not too much to read." 32 pp. 15¢; 8 for \$1.00.

**From Here On!** The charter of the United Nations with interpretive comments and pertinent discussion questions. Illustrated, practical outline for classroom or study groups. Published by Rotary International, 35 East Wacker Drive, Chicago 1, Illinois, U.S.A. 104 pp. 35¢ each, or 20¢ each in lots of ten or more.

**Medical Teaching Mission to Czechoslovakia.** 1946. American Unitarian Service Committee. In cooperation with UNRRA.

### From Other International Agencies

**What Is the Abolitionist Federation?** Statement of principles and organization, with extracts from the constitution. 4 pp. 37 Quai Wilson, Geneva, Switzerland.

**World Congress for Family and Population.** A preliminary report on the meeting held in Paris in June, 1947. Published by the National Union of Family Associations. 28, Place St. George, Paris 9, France. 77 pp. The full report of this meeting will appear later in a book entitled *Family Problems in the World*.

**CIER Handbook.** Second edition. Organizations with programs for international educational reconstruction. Second edition. August, 1947. Prepared by the Commission for International Education Reconstruction. 744 Jackson Place, N.W., Washington 6, D. C.

**Films of the Nations.** Supplement to the August, 1947 listing. Information about loan of Educational and Enrichment 16 mm. films. For further information address Films of the Nations, Inc. (a non-profit membership organization) at 55 West 45th Street, New York 19, N. Y. Including Special Announcement regarding a new film, *Pattern for Peace*, the Charter of the United Nations.

**How the League of Red Cross Societies Can Help You.** 6 page folder. 12 page booklet. Organization of the International Red Cross. Published by the League of Red Cross Societies, 8, rue Munier-Romilly, Geneva, Switzerland.

### From National Agencies

**Canada's Fourth Annual National Health Week.** February 1-7, 1948. Health League of Canada. 111 Avenue Road, Toronto, Canada. 4 page folder describing materials available from the League.

**Canada's Health and Welfare Program.** Attractive booklet describing how Canada's health and welfare services have extended highly effective facilities to the Dominion's more than 12,000,000 inhabitants. Produced and distributed by the Information Services Division, Department of National Health and Welfare, Ottawa, Canada, 1947.

**Chile: Sinopsis Estadística de los Servicios de Beneficencia y Asistencia Social de Chile en 1946.** (Statistical Summary of Health and Welfare Services in Chile for the year 1946. Published under the direction of Dr. Manuel de Viado by the Department of Statistics, Services of Health and Welfare, Santiago de Chile, 1947.

**France: Le Comité Français de Service Social.** A history of the committee's work from 1927 to 1941, with a preface by Prof. Jacques Parisot, Chairman. 80 pp.

**Great Britain: Health Services in Britain.** I.D. 753, October, 1947. Replacing I.D. 608. 40 pp.

- Rehabilitation in Great Britain.** I.D. 455, revised October, 1947. 20 pp. Free on request to British Information Services Reference Division, 30 Rockefeller Plaza, New York 20, N. Y.
- Social Services in Britain.** I.D. 780, revised December, 1947. 24 pp.
- Poland: Social Legislation.** Compiled and published by the Polish Research and Information Service, 250 West 57th Street, New York 19, N. Y. March, 1948.
- Republica Dominicana: Annual Report for the Year 1945. Parts I and II. Annual Report for the Year 1946. Parts I and II.** Prepared by the National Secretary for Health and Public Welfare. Describes plans for an expanded program of venereal disease control and establishment of this program, in 1946, with a trained venereologist in charge.
- Switzerland: Annual Reports for the Years 1941-1947.** Swiss Society against the Venereal Diseases. Grand-pont 2, Lausanne.
- Venezuela: Nuevas Modalidades de la Cura Sanitaria Antisifilítica.** Dres. Ildemaro Lovera y Rafael Medina. Caracas, 1947. 8 pp.

## PUBLICATIONS RECEIVED

*Under this head the JOURNAL OF SOCIAL HYGIENE lists publications received and not reviewed. Those which fall sufficiently within its field and are of sufficient importance to its readers to warrant comment will be reviewed in later issues.*

### BOOKS

- The Book of the States, 1948-49, Vol. 7.* Biennial publication of the Council of State Governments, 1313 E. 60th St., Chicago 37, Ill. 780 pp., 135 tables. \$7.50, with 1949 Supplements \$10.00.
- BOSSARD, JAMES H. S., *The Sociology of Child Development*, 1948. Harper & Brothers, 49 E. 33rd St., New York 16. 790 p. \$4.50.
- BRINK, FREDERICK W., *This Man and This Woman*. Association Press, 347 Madison Avenue, New York. 1948. 79 p. \$1.50.
- BRUNO, FRANK J., *Trends in Social Work*, 1948. Columbia University Press, New York. 387 p. \$4.50.
- CAMERON, D. EWEN, *Life Is For Living*, 1948. Macmillan, 60 Fifth Avenue, New York. 241 p. \$2.75.
- CASTALLO & SCHULZ, *Woman's Inside Story*, 1948. Macmillan, 60 Fifth Avenue, New York. 203 p. \$3.00.
- COOK, EDGAR M., and CATES, JOHN H., *Observations and Study Guide for Student Teachers*, Second Ed., The C. V. Mosby Co., St. Louis. 167 p. \$3.50.
- DEUTSCH, ALBERT, Editor, *Sex Habits of American Men*, 1948. Prentice-Hall, Inc., 70 Fifth Avenue, New York 11. 244 p. \$3.00.
- FAEGRE and ANDERSON, *Child Care and Training*, 1947. Seventh Revised Edition. The University of Minnesota Press, Minneapolis, Minn. 310 p. \$3.25.
- FISHBEIN & BURGESS, *Successful Marriage*. Doubleday & Co., Inc., 14 W. 49th St., New York. 547 p. \$6.00.
- KIRKENDALL, KUENZLI, REEVES, *Goals for American Education*. American Federation of Teachers, Chicago, Ill., 1948. 130 p. \$2.00.
- LEAVY, MORTON L., *Laws of Adoption Simplified*. Oceana Publications, Inc., 500 Fifth Ave., New York, 1947. 60 p. \$1.00.
- MAJOR, RALPH H., M.D., *Classic Descriptions of Disease*, 1948. Chas. C. Thomas, Springfield, Ill. 667 p. \$7.00.
- NATIONAL PROBATION AND PAROLE ASSN., YEAR BOOK 1947.
- Redirecting the Delinquent*, 1948. National Probation and Parole Assn., 1790 Broadway, New York. 336 p.
- O'NEILL, ANA MARIA, *Ethics for the Atomic Age*. The Meador Press, Boston, Mass. 411 p. \$3.00.
- PARADISE, VIOLA, *Toward Public Understanding of Casework*. Russell Sage Foundation, 130 E. 22nd St., New York, 1948. 242 p. \$2.00.
- SELSAM, M. E., *From Egg to Chick*. International Publishers Co., Inc., 1946. Children 6-10. \$1.00.
- From Head to Foot*. International Publishers Co., Inc., 1946. Children 12 up. 96 p. \$2.00.

- STEVENSON, GEORGE H. and NEAL, LEOLA E., *Personality and Its Deviations*, 1947. Ryerson Press, Toronto. 361 p.
- SYMPOSIUM ON MEDICOLEGAL PROBLEMS. S. A. Levinson, M.D., Ph.D., 1948. Philadelphia, Lippincott. \$5.00.
- ZIMMERMAN, CARLE C., *Family & Civilization*, 1948. Harper Brothers, 49 E. 33rd St., New York. 829 p. \$6.00.

## PAMPHLETS, LEAFLETS, AND REPORTS

## Annual and Special Reports

- ANNUAL REPORT OF THE SOCIAL SCIENCE RESEARCH COUNCIL, 1946-47, 230 Park Avenue, New York 17. 91 p.
- FEDERAL SECURITY AGENCY, Annual Report of the Federal Security Agency, Section Three, United States Public Health Service, 1947. Superintendent of Documents, U. S. Government Printing Office, Washington 25, D. C.
- HARVARD SCHOOL OF PUBLIC HEALTH, Annual Report, 1946-47. Harvard University, Cambridge, Mass. 47 p.
- UNIFORM CRIME REPORTS FOR THE UNITED STATES AND ITS POSSESSIONS, Vol. XVIII, No. 2, Annual Bulletin, Federal Bureau of Investigation, Washington, D. C. 126 p.

## Pamphlets for Professional Workers

- ECONOMIC SECURITY FACT SHEET, American Nurses' Association, 1790 Broadway, New York 19.
- EDUCATING YOUTH FOR SOCIAL RESPONSIBILITY. Community Chests and Councils, 155 E. 44th Street, New York 17. 1948. 37 p. \$.50
- A GUIDE TO THE FORMATION OF LOCAL AFFILIATES OF THE AMERICAN HEART ASSOCIATION. American Heart Association, 1790 Broadway. 6 p.
- HEALTH AND WELFARE PLANNING IN THE SMALLER COMMUNITY. Community Chests and Councils, 155 E. 44th St., New York 17. 1945. 23 p. 25 cents.
- OUTLINE COURSE OF STUDY, LOS ANGELES CITY SCHOOLS, Life Science I, Senior High School, 1947. Pub. No. 441, Office of the Superintendent, Los Angeles City Schools. 48 p.
- PAMPHLETS THAT PULL. Written especially for executives of health and welfare agencies, on how to write and design effective printed pieces. National Publicity Council for Health and Welfare Services, Inc., 130 E. 22nd St., New York 10. \$1.00.

## IN THE PERIODICALS

## Of General Interest

- INFORMATION SERVICE, Federal Council of Churches, April 17, 1948. *Social Hygiene Today*.
- ST. LOUIS MEDICAL SOCIETY, Weekly Bulletin, April 2, 1948. Dr. Richard S. Weiss *Awarded Honorary Life Membership*.
- An Adventure in Social Hygiene Education*.
- Symposium on the Private Physician and Venereal Disease Control*.
- THE SURVEY MIDMONTHLY, April, 1948, *The Kinsey Report Viewed by the Specialists*, Kathryn Close. A summary of the Proceedings of the Conference of Social Hygiene executives, March 30-April 1, New York.

## Sex Education, Marriage and Family Relations

- FAMILY LIFE, February, 1948. *Cooperation in the Home*, Paul Popenoe.
- March, 1948. *Church Support for Family Life*, Paul Popenoe.
- April, 1948. *How Can the American Home Be Strengthened*, Frances Bruce Strain.
- HYGEIA, January, 1948. *Simplifying Motherhood*, Frank Howard Richardson.
- JOURNAL OF HOME ECONOMICS, April, 1948. *Courtship Conduct as Viewed by Youth*, Harold T. Christensen.
- MARRIAGE AND FAMILY LIVING, Winter, 1948, *Human Values and Family Policy*, M. F. Ashley-Montague, M.D.
- A National Policy for the Family*, L. K. Frank.
- National Conference on Family Life*, E. G. Osborne.
- World Plans for the Family: A Symposium*.



- NATIONAL PARENT-TEACHER, February, 1948, *Sex Questions Start Early*, M. L. Faegre.
- PARENTS' MAGAZINE, March, 1948, *Answers to Children's Questions on Sex*, Norma B. Lowenberg and Thelma L. Sonnichsen.
- How's Your Family?*, William C. Menninger, M.D.
- Childhood and Teen-Age Problems*.
- RELIGIOUS EDUCATION, Jan.-Feb., 1948. *The Family and Religious Education: A Symposium*.
- THE WOMAN'S PRESS. National magazine for Young Women's Christian Associations. Four articles for girls by Esther Emerson Sweeney.
- January, 1948. *Hal Beo Thu*. February, *Fun—and More—*. March, *Dates and Dating*. April, *Courtship—A Preparation for Marriage*.

#### Youth in the World Today

- FEDERAL PROBATION, March, 1948. *Report of the Committee on Probation with Special Reference to Juvenile Delinquency*, Judge Harold M. Kennedy.
- What's This About Punishing Parents?*, Judge Paul W. Alexander.
- The Importance of Recognizing Delinquent Trends During Childhood*, Douglas A. Thom, M.D.
- GENERAL FEDERATION CLUBWOMAN, April, 1948. *How We Work*, Stella Seurlock.
- By Design or Whim*, Mrs. Mark F. Jones.
- You and I Are Neighbors*, Oscar R. Ewing.
- Youth—Not Gold Is California's Greatest Resource*, Herman G. Stark.
- JOURNAL OF HOME ECONOMICS, April, 1948. *A Teacher's Responsibility for Delinquency*, Amy P. Bailey.
- THE JOURNAL OF NEGRO EDUCATION, Spring, 1948. *Juvenile Delinquency in Buffalo and Its Prevention*, A. A. Abraham.

#### Health Education

- BETTER HEALTH, April, 1948. *Get Ready for Old Age*, Talmage C. Johnson.
- The "New Look" in VD Control*.
- FLORIDA HEALTH NOTES, STATE BOARD OF HEALTH, Feb. 1948. *A Visit to the Rapid Treatment Center*.
- NATIONAL NEGRO HEALTH NEWS, October-December, 1947. *The 1947 Health Education Workshop, Bluefield State College, Bluefield, W. Va.*

#### Public Health and Medical

- BULLETIN, N. Y. ACADEMY OF MEDICINE, Feb., 1948. *Penicillin Treatment of Syphilis, with some remarks in retrospect of syphilotherapy over one hundred years*, H. N. Cole, M.D.
- JOURNAL, AMERICAN MEDICAL ASSOCIATION, March 27, 1948. *Status of Penicillin in Treatment of Syphilis*.
- JOURNAL OF VENEREAL DISEASE INFORMATION, March, 1948. *The Venereal Disease Research Laboratory Slide Flocculation Test for Syphilis. II. A Supplementary Report*, Ad Harris and others.
- Hypodermic Administration of Penicillin in the Treatment of Gonorrhea*, R. A. Hingson, M.D., and others.
- Louisville-Jefferson County Venereal Disease Case-Finding Demonstration*, W. F. Lamb, M.D., and others.
- April, 1948. *Syphilitic Relapse vs. Reinfection*, Ira Leo Schamberg, M.D., and Howard P. Steiger, M.D.
- Rapid Treatment of Early Syphilis: Progress Report*, December, 1947, J. R. Heller, Jr., Richard W. Bowman, Eleanor V. Price.
- Delta Plantation Case-Finding Survey in Leflore County, Mississippi*, A. L. Gray, Mary Sim Ferguson, Richard S. Hibbets.
- Venereal Disease Educational Program in Nebraska*, Florence M. Walt.
- LANCET (Minneapolis), March, 1948. *Treatment of Syphilis, with Special Reference to Penicillin*, P. A. O'Leary, M.D.
- N. Y. STATE JOURNAL OF MEDICINE, March 1, 1948. *Penicillin in Gonorrhea; Experiences with Various Preparations and Technics*, A. Jacoby.
- PUBLIC HEALTH REPORTS, February 20, 1948. *Federal-State-Local Relationships in the Financing of Local Health Services*, Malcolm H. Merrill, M.D.
- THE SIGHT-SAVING REVIEW, Winter, 1947. *Prevention of Blindness in a Public Health Program*, C.-E. A. Winslow, D.P.H.

# Journal of Social Hygiene

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## THE AMERICAN SOCIAL HYGIENE ASSOCIATION

organized in 1913, is the national voluntary agency for social hygiene.

### Purposes

- To protect and improve family, community and national health and welfare
- . . . by promoting sex education, including all education in health and human relations which concerns personal and family life.
  - . . . by fighting prostitution and sex delinquency in all its forms.
  - . . . by combating the venereal diseases and the conditions which favor their spread.

### What the Association Does

Works with health authorities, physicians, nurses, police authorities, civic welfare agencies, parents, church leaders, teachers and educational institutions, state and community social hygiene societies, other national agencies.

Renders consultant and field service . . . Conducts surveys and investigations  
Organizes state and community programs

Prepares and distributes the **Journal of Social Hygiene** and the **Social Hygiene News**, pamphlets, books, posters, charts, exhibits, lantern slides and films

Lends reference books and package libraries . . . Answers thousands of letters of inquiry

## THE JOURNAL OF SOCIAL HYGIENE

official periodical of the American Social Hygiene Association is published monthly, except for July, August and September.\*

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(Including receipt of the JOURNAL, the NEWS and other services. Library Membership Service provides certain privileges, including the JOURNAL and NEWS, to professional workers and students for \$3.00 a year. Subscription price to non-members, \$3.00 a year. Postage outside the United States and its possessions, 50 cents a year.)

The Association is supported entirely by citizen contributions. Your cooperation will be welcomed. Please address all inquiries, applications for membership and other communications to

## THE AMERICAN SOCIAL HYGIENE ASSOCIATION

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## Fifteenth Annual Library Number

### EDITORIAL

#### A GENERATION OF LIBRARY-SOCIAL HYGIENE COOPERATION

In December, 1914, the first issue of the JOURNAL OF SOCIAL HYGIENE published the first of the American Social Hygiene Association's studies of reading lists, under the title *The Library and What Shall We Read?*\* Since then, although the Library Numbers were not labelled as such until June, 1933, the JOURNAL'S Editors have planned at least one issue each year for the special interest and aid of librarians. Our readers in this group have ranged all the way from custodians of the mile-long bookstacks in big public libraries down to young couples building a home bookshelf.

A first aim of the JOURNAL'S project naturally has been to provide suggestions for suitable social hygiene reading. But an added objective has been to emphasize the place of the library in protecting and improving the health and welfare of family and community life, and to strengthen cooperation between all concerned. We like to think that this effort during the past generation has been in part responsible for the growth of library interest in these matters of human relations, and for increased community understanding as to how the library can be helpful. In one of those early Library Numbers, we said: "In this task of social hygiene, the library and especially the public library, can perform a signal service." In 1948, for "can perform" read "is performing", and there you have a measure of growth achieved, and an expression of the spirit in which this *Fifteenth Annual Library Number* is presented.

\* From these studies grew the selected reading list now known as *The Social Hygiene Bookshelf*. Pub. A-453. Most recent edition, May, 1948.

## A MESSAGE FROM DR. KEYES

*To the Editors of the  
Journal of Social Hygiene:*

So many people have written to compliment me on my term of service with social hygiene that I have been a little shaken, and much moved. May I say through your columns

"Thank you! Thank you!"

"May the true free laughter run through your veins."

*Yours,*

EDWARD L. KEYES

New York  
May 14, 1948

### Current Events and Dates Ahead

June 13-19 Atlantic City	American Library Association Convention.
June 15-18 Hotel Pennsylvania, N. Y.	National Tuberculosis Association Convention.
June 30-July 1 Portsmouth, N. H.	American Public Welfare Assn., Northeast Regional Conference.
July 5-9 Cleveland	National Education Association Conference.
July 12-16 Chicago	Administrative Officers of Public and Private Schools.
July 25-28 Atlantic City	Annual meeting of National Student Health Association (in cooperation with the meeting of the American Teachers' Association).
Aug. 29-Sept. 3 Boston	Joint sessions of National Probation and Parole Association, National Prisoners' Aid Association and National Conference of Juvenile Agencies.
Aug. 30 Seattle	National Conference of Commissioners on Uniform State Laws.
Sept. 6-9 Seattle	American Bar Association.
Sept. 12-16 Mackinac Island	International City Managers' Association.
Sept. 20-23 Atlantic City	American Hospital Association.
Oct. 10-14 Springfield, Mass.	International Association of Chiefs of Police.
Oct. 14-17	National Council of Negro Women Convention.
Nov. 8-12 Boston	American Public Health Association.

# EDUCATION FOR PERSONAL AND FAMILY LIVING AS APPLIED TO THE SOCIAL HYGIENE FIELD

## A PRELIMINARY REPORT

JACOB A. GOLDBERG, PH.D., *Editor*

### FOREWORD

This memorandum report has been prepared for use:

(1) as a basis of discussion and consideration for implementing school programs in education for personal and family living, as applied to the social hygiene field; and

(2) as an attempt to state the principles and procedures which the American Social Hygiene Association should promote as a part of its program in this field.

The material has been prepared under the guidance of a working sub-committee of the American Social Hygiene Association's Education Committee. This working committee includes members of the group who attended the "Social Hygiene Education Conference" held under the auspices of the U. S. Office of Education in Washington, D. C., December 7-9, 1944.

The Committee has also drawn upon the following sources:

(1) The report prepared by the Social Hygiene Section of the Third National Conference on Health in Colleges, held in New York City, May 7-10, 1947;

(2) Part of a report, *Number One*, of the Education Committee of the New Jersey Social Hygiene Association (now the Advisory Committee on Social Hygiene Education to the State Department of Education) entitled *An Approach to Sex Education in Schools*, has been incorporated in dealing with teacher qualifications;

(3) Reference has been made to *Units in Personal Health and Human Relations* by Beister, Griffiths and Pearce, members of the Educational Service of the Minnesota Department of Health; and

(4) Deliberations and recommendations of the members of the Sex Education Conference held in New York City on September 19, 1947.

The members of the Working Committee are:

William F. Snow, M.D.,  
*Chairman*  
Jacob A. Goldberg, Ph.D.,  
*Secretary*  
Prof. Maurice A. Bigelow

Prof. Bertha Gold  
Mrs. Sidonie M. Gruenberg  
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Mabel Grier Leshner, M.D.  
Miss Elizabeth McHose  
Prof. Herbert Walker  
L. Foster Wood, D.D.

Dr. Goldberg served as Editor of the Report.\*

#### GENERAL STATEMENT

In a democratic society the recognition of the worth of the individual and his relation to all social groups is paramount. The first and most important group is the family. Education for personal and family living includes adequate instruction which is designed to promote social, ethical, psychological and physical development of the individual and the family group, in order to improve human relations.

The American Social Hygiene Association has a distinctive responsibility in fields of education of young people in matters relating to birth, growth, reproduction, boy-girl relationships, in preparing young people for their responsibilities as members of a family, for marriage and parenthood, problems of their relationships throughout life, and other phases of personal guidance and instruction commonly incorporated in such terms as "social hygiene education," "sex education," or "health and human relations education." Furthermore, the Association, since its organization in 1913, has assumed responsibilities in the matter of providing guidance and instruction in preparing young people for the responsibilities of marriage, parenthood, and problems of their relationships throughout life.

#### PRINCIPLES: EDUCATION FOR PERSONAL AND FAMILY LIVING

Many statements have been drafted to cover the fields of education encompassed in this discussion, including notably a statement agreed upon at the Conference held under the auspices of the U. S. Office of Education in Washington, D. C., December 7-9, 1944. These may be summarized by a series of principles in which the term "education for personal and family living" is used in place of "social hygiene education."

1. Education for personal and family living is based on the thesis that the sex factor in human living, as it affects personal development, and especially in its relation to marriage, parenthood, the home, and the family, merits a dignified place among other topics of deep human interest.

2. Education for personal and family living is an integral part of the total education of each human being. It is never finished, but keeps pace with increasing maturity and experience.

\* Preprints sent to about 300 of the Association's educational advisers across the country have elicited an unusually favorable response. JOURNAL readers are invited to send in their comments. Additional copies of the preliminary report are available at 15 cents each, \$1.50 per dozen.

3. Education for personal and family living strives for the best possible development of all physical, psychological, ethical and social aspects of life as these are in any way determined or influenced by the sex factor and its resulting traditions and associations. Thus broadly conceived it inevitably involves moral concepts and religious values.

4. Education for personal and family living is based on the recognition and acceptance of sex as basically important in human behavior and relations. A primary purpose of such education is to establish attitudes, habits and ideals toward sex which are satisfying to the individual and which, at the same time, enable him to act in a socially responsible manner.

5. Since the home has the child during his most formative years, it is in the best position to make this phase of education a natural part of the day-by-day process of growth and development. But as the child's environment expands beyond the home, he meets an increasing number of questions and problems with sex connotations. There is, therefore, a responsibility on the part of various community agencies, such as the church, the school and the group work agencies, to share with the home the continuing education of the child in this general field.

#### IMPLICATIONS OF PRINCIPLES

While these principles are general, it was the opinion of the working group that they have specific implications for school programs.

1. Education for personal and family living should help youth to see the relation of sex to personality development, human happiness, complete family life and the fullness of individual living. For this reason separate courses on "sex hygiene" or "sex facts" are ordinarily unsound, as is any kind of instructional procedure tending to set sex adjustments apart as an isolated phase of human behavior. This is particularly true of children and adolescents where the first need is to establish an understanding of human relations and the interdependence of behavior traits.

Separate courses are justifiable for professional preparation of individuals already holding these important concepts.

2. The integration of subject matter into current course offerings is the most acceptable procedure for building a body of instructional material at the elementary and secondary levels. However, special courses may be acceptable, for various reasons, in some school systems.

3. Those subjects which emphasize elementary science, healthful personal living, biological understandings, family relations, and a developing sense of social responsibility are the ones best suited to carry this content at the elementary level.

For the younger child the development of wholesome attitudes and concepts of responsible social behavior is of paramount importance.

4. At the secondary level the same objectives as those stressed at the elementary level should be advanced, with an increased emphasis on the factual information and attitudes requisite to prepare the pupil for satisfactory living as an adolescent. As indicated before, these objectives must be directed toward insuring a satisfactory total adjustment on the part of the individual.

5. The emphasis must be on the normal and positive aspects of conduct and adjustment. Abnormalities should not be stressed in any aspect of education. Youth should be encouraged to look toward the normal, positive, healthful, and aesthetic aspects of all human relations.

6. Coupled with factual information must be the establishment of values and the crystallization of moral concepts. These values and concepts will be best built through helping youth to see the outcomes of various patterns of conduct. He must see clearly how the highest human and social values are fostered by a recognition in his personal conduct of his responsibility for the welfare and good adjustment of others.

7. Wholesome sexual adjustments are helped when the individual finds opportunity for creative activities, normal friendly relations in his associations with others, and a reasonable degree of security. At the same time that the individual is urged to observe social conventions, social arrangements must be developed which have due regard for the nature and needs of the individual. For that reason teachers interested in education for personal and family living must be concerned with those social conditions which center about appearance, recreation, housing, adequate educational opportunities, and satisfactory conditions for family life.

#### PROGRAM IN ELEMENTARY SCHOOLS

Available information indicates that in many parts of the country certain phases of education for personal and family living are incorporated into the curriculum in some or all the grades. A number of school systems are attempting to integrate a fairly defined body of information, and carry on other activities aimed at fulfilling the major objectives of education for personal and family living. The contributions which can be made by elementary schools to this field of education include the following:

1. Build and strengthen those attitudes, ideals and desires basic to fine family living.

2. Prepare the older child for the physical, emotional and social changes associated with adolescence.

3. Provide a social environment in which there is much opportunity for wholesome association between the sexes.

4. Develop each child's personality and creative potentialities so that he has a way and the ability to express himself in a personally satisfying and a socially acceptable manner.



5. Provide each child with an understanding appropriate to his age of reproductive phenomena as one of the basic life processes. This instruction should be entrusted to teachers who are able to discuss the subject objectively and to meet situations involving sex with poise and understanding.

6. Work with individual parents or parent groups to help them in providing an adequate sex guidance program in the home.

### *Selectiveness of Interests*

In the application of these suggestions, recognition must be taken of the average stages of development of the child. He passes through four stages. In the *first*, which covers early childhood up to about four or five years, the child's natural curiosity is very active, his interest is spontaneous, his questions direct. He wants to know about his own body, about the origin of babies, about the differences between the sexes. Interest in these facts is as matter of fact to him as is his interest in other phases of life. This is the time for helping him to establish objective attitudes toward the body and for giving him simple, accurate answers to his questions. In those years is laid the foundation on which he will build.

Children in this age group may not be found in all schools, of course. In kindergarten classes, recognition should be taken of their search for answers to their direct and simple questions regarding life, birth and related matters.

The *second* stage, which covers the age period from about six to nine years, may be a latent period so far as interest in sex is concerned. If the child's early curiosity has been satisfied in a direct, unemotional and unembarrassed manner, he will seek little additional information during these years. He may, however, pick up a few facts and some fiction from schoolmates and adults, and require guidance and information to set him straight.

The *third* period comes when the physical and emotional changes of puberty begin. The body develops, the social interests change, the child begins his transition to adulthood. He needs to understand what is happening to him. Further, he needs assistance in making the social adjustments which his new outlook demands. This is the time for him to work out the ideals and standards he will follow in his associations with members of the other sex.

In the *fourth* stage, covered by what is the adolescent age and beginning at about the age of 12 to 14, interest in many matters relating to life, growth, sex, boy-girl relationships, begins to rise. Full blossoming of thoughts and action relating to these interests comes in the later years of adolescence—in secondary school and college age.

### PROGRAM IN SECONDARY SCHOOLS

Instruction on the secondary level should continue to stress the objectives begun at the elementary level. Materials should be incorporated directly into the various course offerings. Instruction must be appropriate to the developmental level of youth related to their important problems, and be designed to assist in the transition from youth to responsible adult living.

A variety of opportunities for aiding youth present themselves in various activities. Individual counseling and guidance should be available to all youths desiring assistance on personal problems. It is especially recommended that, whenever possible, school authorities without disciplinary authority should be assigned to this guidance service.

Joint planning is an important phase of educational endeavor in education for personal and family living. School authorities should plan with responsible parents and community groups for the development of a suitable school program. Within the school, teacher-pupil planning for the proper expansion of the program within the class contributes to the development of desirable attitudes and a better understanding of needs and problems.

Administratively, careful planning is necessary to include all important emphases and to avoid overlapping. This may be done through faculty cooperation and discussion, or by appointing some interested faculty member to act as a coordinator.

Various community resources can be of much value in a school program. These include both official agencies such as the health department and public library, and unofficial ones such as voluntary health agencies, local churches, men's and women's clubs. Observational study visits to libraries, zoos, museums, nursery schools and farms will provide instructional aids. The cooperation of competent professional individuals such as health officers, nurses, physicians, welfare workers, religious leaders and psychologists, and of non-professional but competent and well-adjusted individuals in the community for leading discussions, as speakers or counselors, is desirable.

### *Is There Need of Education for Personal and Family Living?*

The need for such education is recognized by parents, teachers, religious leaders and others concerned with the training of children and their behavior in society. Many educational, religious, group work and recreational agencies have gone on record in recent years emphasizing the need for such instruction, and advocating that the schools should undertake to provide the instruction. Problems of adolescence which have their origin in changing human relations are mainly the result of ignorance, mores and culture conflicts, coupled with the absence of readily accessible and reliable information from authoritative sources. Unless education in this area is provided, young people must contend with the natural adolescent changes, urges and reactions with little understanding and many fears, superstitions and misconceptions.

### *How Shall Such Instruction Be Indicated?*

The labeling of such instruction by terms not acceptable to many parents and educators may lead to misunderstandings and open opposition. Likewise, the use of the term "sex education" may create undesirable attitudes among the students. The term already indicated, i.e. "education for personal and family living," would be preferable, for sex permeates all living, with reproduction only a portion of the total.



*Shall Separate or Integrated Courses Be Used?*

The relation of sex to personality development, personal happiness and adequate adjustment, especially in the family, is among the major objectives of education for personal and family living. If these matters are studied as part of related topics or problems, instead of isolating them, much more effective teaching and guidance will result. There is general agreement that integrated courses are to be preferred to the setting apart of the material to be covered; or even, on the older age group level, when the need is apparent, to bringing in a school physician, nurse or other person to give special lectures on one or more phases of the general theme.

*Is It Necessary to Separate Boys and Girls?*

It is generally inadvisable to make a point of separating the boys and girls for such instruction. If it seems desirable in some schools or classes to carry out such a separation for some of the instruction, classes in which the students are normally divided, as in physical education, should be used in carrying out the plan.

*What Aspects of Conduct and Adjustment Should Be Emphasized?*

The normal and positive aspects should be emphasized. Abnormalities and marked misconduct should not be discussed. Youth should be encouraged to seek healthful, wholesome personal relations which will be satisfying over the years.

*What Reaction Can Be Expected from the Community in Providing Education for Personal and Family Living?*

In communities where the schools have established this program of instruction as a regular part of the curriculum, there is practically no opposition. Much depends on the manner in which the teaching is introduced. To try to arouse widespread community interest may also result in arousing unfounded opposition, unless the whole plan is handled most carefully and intelligently by those best informed on all phases of the subject. School board members, executives in the school system, principals and teachers, representatives of the parent or parent-teacher associations, and other interested groups in the community should be brought in for conference, discussion, delineation of plans and methods of teaching. If names of the units of study are used that are apt to arouse unfounded opposition, little if any disapproval is to be expected from informed sources. However, it is most advisable to avoid the use of titles of units. Curriculum building is fundamentally the job of trained administrators and educators. Where they hesitate to take action in the field of education for personal and family living because of inertia or regard for possible objection from some segments of the local population, citizens' groups must come to their aid in building up the necessary public interest and support.

## PROGRAMS IN COLLEGES—EDUCATION FOR FAMILY LIVING

Many factors enter into education for family living. The social hygiene aspect of such education is based on the recognition and acceptance of the sex factor as basic in human behavior, especially



in relation to personal development. It primarily aims to establish attitudes, habits and ideals toward sex, which are satisfying to the individual and which at the same time enable him to act in a socially acceptable manner.

Thus conceived, education for family living is concerned with moral concepts and ethical values. It must emphasize positive aspects of sex conduct and adjustments.

The primary objectives of education for personal and family living in the largest sense are (1) the development of the individual; (2) the strengthening and preservation of the family; (3) the improvement of inter-personal associations and individual adjustments in family and social relations; and (4) the development of a wholesome community environment. Prominent educators, religious leaders and medical, civil and military authorities, as well as leaders of youth groups, have been urging education for personal and family living, as applied to the social hygiene field, as an integral part of present-day education.

### *Responsibility of Colleges*

The family is the basic social unit of human society. The health of our society is, therefore, dependent on the integrity and health of the family unit. Accordingly, the college has a two-fold obligation: (1) to give the students a proper understanding of the nature of the family unit and those factors that maintain and improve it, and those that lead to its disintegration; (2) to emphasize the personal responsibility of the student to himself, the family and the community, and to motivate him to accept his obligations for preserving the strength and health of the family.

In the current post war era the obligation of the college to foster this type of education is obvious, as suggested by individual maladjustments, the decline of moral standards among at least some segments of the population, the high delinquency rates and marked increases in separations and divorces. Students have recognized the need of education for family living, as evidenced by growing demands for help through formal teaching and personal advice. The modern college faces both a challenge and a responsibility to provide an adequate educational program within a wholesome environment, to contribute its share to the efforts of parents, educators, religious leaders and others in meeting the needs and demands of college youth.

### *Instruction on College Level*

Perhaps too much stress has been placed by some on the physical and hence narrower aspects of sex. The term "social hygiene" has often and mistakenly been regarded within colleges and in the community, as a whole, as primarily aiming at freedom from venereal disease and other disorders of the generative organs. Recognition of such disorders cannot and should not be slighted. However, emphasis in colleges should be placed on the positive and larger aspects of the social hygiene program as a whole, of which the concern with the venereal diseases is but one phase. College curricula should

be concerned, in this field of education and guidance, with all physical, mental and social aspects of sex in human life. The following chart represents the several phases of social hygiene education as broadly conceived.

Educational Relations of Social Hygiene	1. Education for individual health	(a) physical including sexual hygiene
		(b) mental and emotional, including mental hygiene as affected by the sex life of the individual
	2. Education for public health	(a) control of syphilis and gonococcal infections
		(b) other related measures
	3. Education for social health	(a) including personality adjustments
		(b) including sex-social adjustments
		(c) including courtship, marriage and family life

Each college should have an effective committee representing the several departments concerned with social hygiene instruction and problems (1) to determine in each college the departments and individual staff members best fitted for leadership in the specialized educational work and in advice to students in relation to this subject; (2) to promote, correlate and integrate social hygiene material in courses of other departments; (3) to study both intramural and extramural activities and environmental conditions affecting social hygiene aspects of student health and welfare, and advise the proper college authorities upon matters requiring action; (4) to arrange faculty conferences for interchange of points of view.

The basic elements of education for family living should be introduced in a general health or orientation course on the freshman level, to be followed by opportunity for additional instruction in this area in succeeding years.

Many related courses are lost to the student because they are unaware of course content. To obviate this, it is suggested that where integrated programs exist, courses pertaining to education for family living should be specially designated or listed separately in the college catalog under an appropriate heading.

#### *Extra-Curricular and Community Aspects*

Student organizations for fraternal, religious, recreational and social purposes should be encouraged to further the objectives of the broad social hygiene program through extra-curricula lectures by faculty members and invited speakers, through organized discussion groups and by reading of books and other publications pertaining more especially to education for family living.

It would be desirable to establish a close working relationship between the college and the local community in order that a mutual understanding may be fostered by collegiate groups and the citizens, leading to indicated and appropriate community action in the several aspects of the social hygiene program:

(1) *Social-protective*, concerned with the protection of youth and young adults of both sexes against environmental situations which favor promiscuous sexual practices and anti-social conduct;

(2) *Legal*, including the enforcement and revision of laws, regulations and ordinances relating to commercialized prostitution and allied offenses, as well as laws and regulations that safeguard marriage and the family;

(3) *Medical and Public Health*, including the prevention, control and treatment of syphilis and gonorrhea; medical advice and treatment relating to other diseases and functional disturbances of the reproductive system;

(4) *Pre-marital and Marital Problems*, that may occur among college students and other residents in the community;

(5) *Recreational*, concerned with the provision of wholesome off-campus leisure time activities.

### *Counseling Service*

Personal counseling of college students on social hygiene aspects of health, conduct and relationships with members of the opposite sex comprises an important segment of service to such students. This is a task and responsibility in which several faculty representatives can participate if adequately prepared—college physicians, deans of men and deans of women, faculty specialists in psychology, sociology, family relations, ethics, health, home economics, and vocational training. A physician trained in psychiatry serves as a valuable adjunct. If a psychiatrist is not available in the college community, the college physician should establish a referral relationship with a local or nearby psychiatrist on a consultation basis.

### TEACHER TRAINING

An effective program in the field of education for personal and family living depends upon adequate preparation on the part of teachers. In preparing teachers, a broad preceding general education is requisite, including health (physical, mental and emotional), natural sciences taught with human applications, dynamic functional psychology of personality and human relations, social studies based on family and community needs, creative experiences in the fine arts, and opportunities for active participation in school and community living. Such an educational program would be desirable for all parents, and is essential for teachers who are to be equipped for education for personal and family living. It is necessary, however, to point out that many teachers who have not had the thorough preparation for this type of education here indicated, can still make their definite contributions.

A more realistic human psychology, drawn from all the sciences that contribute to an understanding of human beings, must replace the conventional types still in vogue. There should be a recognized obligation on the part of the teacher-preparatory institutions to help



students with their own problems of personal living. The emotional attitudes of the teacher are all-important in the field of education for personal and family living, which includes much from the broader field of social hygiene.

Accompanying this broad general education with its liberalizing purpose and its emphasis on human concerns, should come the more definite preparation for actual teaching, with direct recognition of the need of education for personal and family living. Part of this program will be common to all prospective teachers, but some of it will necessarily become more specialized to meet the needs for different fields and different age levels—emphasis on child development for nursery school and primary grade teachers, and emphasis on adolescence for upper grade and high school teachers.

### *Essential Teacher Qualifications*

A pleasing personality and sound character are important qualifications for the teacher in any field, but for those participating in a program of personal and family living education, they are absolute essentials. The attitudes and behavior of pupils will be influenced more by those of the teacher than by mere facts that may be presented in the classroom or in personal conference.

Further important qualifications include:

(1) A sound emotional attitude toward sex as a normal factor in life, neither minimizing nor exaggerating its importance;

(2) Recognition of the need for this type of education and of the teacher's opportunity to assist children and youth constructively in making fine sex adjustments for life (mental, social, biological);

(3) Knowledge of the biological, psychological and sociological aspects of sex, with the ability to interpret that knowledge according to the needs of the pupils. Both elementary and secondary school teachers should understand the place of sex in education for personal and family living in the entire curriculum and be acquainted with suitable methods of integration in their respective fields;

(4) The ability to inspire confidence and aspiration toward high ideals;

(5) The ability to face reality with a constructive attitude and to maintain a sympathetic understanding of the problems of children and young people;

(6) Respect for differing ethical, legal and religious views and for changing scientific knowledge.

### *Post-Graduate and In-Service Courses*

For teachers and school administrators already employed, workshop opportunities, both during the school year and in summer sessions, will have to be provided. Workshop techniques should be adapted to the previous training of the teachers and related insofar as possible to the everyday school-community problems which teachers meet. As the preparation improves in its human content, the character of this in-service preparation can be changed, but in such a

field as education for personal and family living there will always be need for refresher courses to keep teachers up-to-date in materials and techniques. As in all phases of teacher education, more extended use will need to be made of the newer tools of teaching, such as film strips, motion pictures, radio and recordings.

If teachers are to be prepared, both in teacher-training institutions and through in-service and workshop facilities, faculty members of such institutions will need some help. Many of them will need to rethink philosophy, revise content and adjust techniques. Such a program of reorientation might be facilitated by regional and local work conferences similar to those arranged by the American Association of Teachers' Colleges. State and Federal consultants could be especially helpful in teacher-training institutions and to educational organizations. Wherever a fairly wide program of education for personal and family living is in operation, some useful machinery is available for the help of the faculties of teacher-training institutions and for the classroom teachers as well. The formulation and adoption of a state-wide plan helps materially in forwarding the program on all levels.

#### PARENT EDUCATION

A major factor in the current status of education for personal and family living is the matter of parent education. Only a small portion of our parents have had adequate instruction in these fields. Many are afraid to undertake the teaching of their own children; some present a negativistic attitude because they have been incorrectly influenced by their own parents and others. Those who note the objectionable content and form of some current articles in magazines, pamphlets and books may build up a conscious objection to anything and everything relating to the field of sex. A primary task of educators on all levels is to help to overcome objections that are ill-founded, that are based on sheer ignorance or unwillingness to consider the merits of the case. On the positive side, parent education must be fostered and undertaken with the aid of teachers and others trained in this type of education. Short and extended courses under such headings as *Preparation for Responsible Parenthood* should be organized through parents' associations, with the cooperation of church groups, social and community agencies, and other groups willing to participate. The content of the courses or, if found necessary, of individual lectures, will have to depend on the educational background of the parents and competence of available speakers and discussion leaders. If the programs under educational auspices are to develop and prosper, this field of parent and adult education must be actively fostered and implemented.

#### SPECIAL PROBLEMS

There are some special problems that require consideration. One of these relates to the need of building up better understanding between religious leaders and groups on the one hand, and school authorities and those promoting social hygiene educational interests on the other. Recommended proposals include the following:



1. It would be desirable in each area to find out what materials are available and are being used, and what points of view are supported in education for personal and family living by various ethical and religious groups. Out of this should evolve an agreement on materials and emphases.

2. A serious effort should be made to achieve common understanding with leaders of religious groups as to the nature, scope and objectives of education for personal and family living, in order to reduce the chances of misunderstanding and resulting opposition. There is need for a harmonious interchange of views in an attempt to find a basis for cooperative action and mutual understandings.

3. There is a distinct need of better materials for use in elementary and secondary schools. Materials which deal with the development of personality, personal interrelations and family life as affected by various forces could add substantially to effective classroom teaching. Carefully chosen illustrations and drawings are likewise of primary importance.

4. A central repository and information center for materials relating to education for personal and family living should be organized. Teachers and others working in these fields need to be informed of the availability of such an agency if and when it is established.

5. Research facilities bearing upon all levels should be developed.

#### PROGRAMS IN SCHOOLS OF NURSING EDUCATION

Thousands of young women—and some young men as well—who are enrolled in schools of nursing throughout the country are often denied access to educational facilities and instruction in the field of preparation for personal and family living. Many of them later become key persons in the communities in which they practice their professions—as school nurses, college nurses, staff members of schools of nursing education, nurses on the staff of visiting nurse associations, family welfare and public health organizations, departments of health, industrial nurses, and in other socially important capacities. In each of these affiliations there are innumerable opportunities to carry out some aspects of a social hygiene program, whether teaching fundamental facts relating to the venereal diseases; advising parents and other adults about proper care, guidance and instruction of children; and in many other ways. Since education for personal and family living is altogether too often left out of elementary and high school courses of study, many if not most of the student nurses are in as much need of instruction in this phase of social hygiene as are young women and men who enter college.

The same instruction and guidance recommended to be incorporated on the college level should necessarily be paralleled in schools of nursing education. In some, where there is a definite affiliation with a college and the nursing courses are combined with college education, there is a wider opportunity for adequate preparation. Where a college degree is required for admission, a more mature group of



students is enrolled. Such students in many instances have already had some preparation. Most help must be given to those students who enter schools for nursing education direct from high school, often without adequate preparation in their own homes or in high school in the field of education for personal and family living.

#### GRADUATE AND PROFESSIONAL SCHOOLS

Students in various graduate and professional schools should be given the opportunity to take courses and participate in organized discussion groups in subjects relating to education for personal and family living from the social hygiene point of view. Universities should offer various courses for teachers, home economists, guidance and personnel workers, social workers, psychologists, graduates of schools of nursing, group workers in settlements and community centers. These leaders and others can be of considerable help in guiding and teaching children and youths, as well as their parents.

Pertinent aspects of courses for youths and young adults should also be incorporated in curricula of theological seminaries, medical schools, schools of social work and law schools, because after graduation their professional responsibilities give them opportunities for direct service in these fields. Some work along these lines is already being done, and expansion may be possible through the active interest of educators and other leaders in professional fields.

#### SUMMARY

Education for personal and family living is being carried on in many schools, under various names and under no classifications. Methods of teaching likewise vary, depending upon the personality, competence and training of the individual teachers. Much more must be undertaken in all parts of the country if the children in our elementary and high schools are to be adequately trained for satisfactory adulthood and properly prepared for family living and parenthood. Likewise, while many colleges—between 400 and 500—are providing some instruction and guidance in the field of preparation for family living, much of the current effort is sketchy in nature and inadequate for the needs of the potential parents of the next generation. The urgency of the need for these types of education is evidenced in many areas of our social life. Delay and procrastination will but tend to aggravate various unwholesome social situations—delinquency, divorce, disturbances in society and of personalities. These in turn are augmented by many social phenomena which directly influence the load which families must bear and with which communities are burdened. All our ills or even a substantial part of them are not the outcome of laxity on the part of educational authorities and their associates—far from it. But they can help materially, as can parents, religious leaders, social and community workers, and all others who come in contact with children and young people. The task of education is a never-ending one.

## REFERENCES REGARDING THE GROWTH AND DEVELOPMENT OF SEX EDUCATION

(Unless otherwise stated these publications were originally published by the American Social Hygiene Association. Most of them are now out of print but are available in many university and public libraries.)

1912

*The Matter and Methods of Sex Education.* A report presented before the sub-section on sex hygiene of the Fifteenth International Congress of Hygiene and Demography, Washington, 1912. Prepared by members of a special committee: Thomas M. Balliet, Maurice A. Bigelow and Princee A. Morrow. JOURNAL OF SOCIAL HYGIENE, Vol. II, No. 4 (October 1916).

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1921

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1922

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1924

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1927

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*Proceedings of the Second National Conference on College Hygiene,* Syracuse University, Syracuse, N. Y. Includes section on Social Hygiene. Published by National Tuberculosis Association, 1790 Broadway, New York 19, N. Y.

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1945

*Next Steps in Public Education.* Report of the U. S. Public Health Advisory Committee on Public Education for the Prevention of Venereal Diseases to the Surgeon General, July 18, 1945. *Venereal Disease Information*, December 1945, and JOURNAL OF SOCIAL HYGIENE, Vol. XXXI, No. 9 (December 1945). ASHA Pub. No. A-654. 10¢.

1947

*Proceedings of the Third National Conference on College Hygiene, New York, N. Y. Education for Family Living, Section on Special Problems.* In process of publication by National Tuberculosis Association, 1790 Broadway, New York 19, N. Y.

In the years between the conferences on which these publications report, various regional and local studies have been made and some of them have been published. At the May 6-7-8 1948 National Conference on Family Life in Washington, sponsored by 125 national organizations, of which the American Social Hygiene Association was one, attention was also given to this subject, and social hygiene leaders and workers from various parts of the country and from Europe, participated.

Just before this Conference, which was approved by President Truman, with some of the sessions occurring at the White House, at his invitation, state officials and members of state planning commissions met in Washington to begin preparations for a Mid-Century White House Conference on Children and Youth, in 1950. (See JOURNAL OF SOCIAL HYGIENE, May, 1948, page 216.)

The materials and revised section reports from the National Conference on Family Life are being collected and will be available from the Conference headquarters at 10 East 40th Street, New York City. Meanwhile, the SURVEY MIDMONTHLY has reprinted a 16-page Conference summary from its June issue, entitled *Security in Family Life: Threats and Opportunities*, and including an article by Eric Johnston, Conference Chairman, on the topic *How You Can Improve Family Living in Your Community*. Copies may be secured direct from Survey Associates, Inc., 112 East 19 Street, New York 3, or from the American Social Hygiene Association, 1790 Broadway, for 15 cents.



## SUGGESTED PUBLICATIONS FOR CURRENT REFERENCE AND READING

## For Teacher Background

## Books \*

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- GOODSELL, WILLYSTINE. *A History of Marriage and the Family*. New York: Macmillan, 1934. 590 p. \$4.60.
- GROVES, ERNEST R. *Marriage*. New York: Holt, 1941. 671 p. \$3.20.
- The American Family*. Philadelphia: Lippincott, 1934. 500 p. \$3.00.
- GRUENBERG, B. C. *High Schools and Sex Education*. Revised, 1939. Washington, D. C.: Government Printing Office. 110 p. 20¢.
- HART, HORNEILL AND ELLA B. HART. *Personality and the Family*. New York: Heath & Co., 1941. 531 p. \$4.50.
- LEVY, J. AND RUTH MONROE. *The Happy Family*. New York: Knopf, 1938. 319 p. \$3.00.
- MOWRER, ERNEST R. *Family: Its Organization and Disorganization*. Chicago: University of Chicago Press, 1932. 364 p. \$3.00.
- POPENOE, PAUL. *The Conservation of the Family*. Baltimore: Williams & Wilkins Co., 1926. 266 p. \$3.00.
- SAIT, UNA B. *New Horizons for the Family*. New York: Macmillan, 1938. 722 p. \$4.60.
- TERMAN, LEWIS M. *Psychological Factors in Marital Happiness*. New York: McGraw-Hill, 1938. 474 p. \$4.50.
- WALLER, WILLARD. *The Family, a Dynamic Interpretation*. New York: Dial Press, 1938. 621 p. \$4.00.
- WETHERILL, GAGE G. *Human Relations Education*. New York: American Social Hygiene Association, 1790 Broadway. 1946. 60 p. 50¢.

## Pamphlets

(Unless otherwise indicated, published by the American Social Hygiene Association, and priced at ten cents each. Substantial discounts are allowed on quantities of 100 or more.)

Pub. No.

- A-171 Sex Education in the Home and School  
 778 A Formula for Sex Education. 5¢  
 971 Sex Instruction in Public Schools, W. W. Beatty  
 A-159 Integration of Sex Character Education with Biology, M. Funk  
 A-365 An Approach to Sex Education in the Schools, Mabel Grier Leshner

\* Please note that prices are set by publishers, who reserve the right to change them without notice.

- A-392 **Education for Human Relations and Family Life on the Secondary School Level**  
 \*— **Meeting Youth Needs**, Mabel Grier Leshner  
 A-546 **Sex Education in School Programs on Health and Human Relations**, Maurice A. Bigelow. 5¢  
 A-601 **Education and Guidance Concerning Human Relations**, Maurice A. Bigelow  
 A-639 **Human Relations Education**, Gage G. Wetherill. 50¢  
 932 **Love, Courtship and Marriage**. Discussion outlines, N. W. Edson  
 A-531 **Some Dangerous Communicable Diseases**, M. A. Bigelow. Manual for teachers and students. \$1.00 per dozen; \$7.00 per 100.  
 A-551 **A handbook for students**. Same title and author.

#### *Community Social Hygiene*

- A-585 **Report of the Section on Education and Community Action, National Conference on Postwar VD Control**, W. F. Snow and H. H. Hazen  
 A-614 **Time Is Short to Meet Our Obligations**, Howard W. Ennes  
 A-654 **Next Steps in Public Education**. A report of the U. S. Public Health Service advisory committee.  
 A-686 **Ideals in Social Hygiene**, A. M. Schwitalla, S.J.  
 A-687 **The Family Responsibility in Social Hygiene**, James H. S. Bossard, Ph.D.  
 A-697 **Armed with Resolution**. Social Hygiene Education in the Colorado Congress of Teachers, Mrs. A. I. Wearner  
 A-698 **Social Hygiene—A Parent-teacher Obligation**, Mayola S. Center. 5¢  
 A-699 **A Community Family Life Institute**, P. K. Houdek  
 A-700 **Community Concern for Social Hygiene Futures: Cooperative Effort towards Stabilization of Family Life**, Mrs. Meredith Nicholson, Jr. 5¢  
 A-702 **A Psychiatrist Looks at Sex Offenses**, Philip Piker  
 A-704 **Sex Education or Social Hygiene Education in Schools in Forty Cities**, J. A. Goldberg  
 A-707 **Has the Tide Turned?** Annual report of the American Social Hygiene Association for 1947, Walter Clarke. (Free)  
 A-708 **Morals, Ethics and the Purpose of Sex**, Seward Hiltner  
 A-712 **New Gateways to Family Service**, Frank J. Hertel. 5¢  
 A-714 **Why Women Are Interested in Social Hygiene**, Edith A. Ritchie

#### **For General Readers**

##### **Books \***

##### **For Parents**

- CADY, V. M. AND BERTHA C. *The Way Life Begins*. American Social Hygiene Association, 1939, revised. \$2.00.  
 STRAIN, FRANCES B. *New Patterns in Sex Teaching*. Appleton-Century, 1934. \$2.50.  
 —*Sex Guidance in Family Life Education*. Macmillan, 1942. 348 p. \$3.00.  
 SWIFT, EDITH HALE. *Step by Step in Sex Education*. Macmillan, 1938. 207 p. \$2.50.  
 THOM, DOUGLAS. *Normal Youth and Its Everyday Problems*. Appleton-Century, 1932. 368 p. \$2.25. (Student's Edition.)  
 —*Everyday Problems of the Everyday Child*. Appleton-Century, 1927. 349 p. \$3.00.

##### **For Children**

- DE SCHWEINITZ, KARL. *Growing Up*. Macmillan, 1928. 111 p. \$1.75.  
 LEVINE, M. I. AND JEAN H. SELIGMAN. *The Wonder of Life*. Simon and Schuster, 1940. 114 p. \$2.00.  
 STRAIN, FRANCES B. *Being Born*. Appleton-Century, 1936. 144 p. \$2.50.

##### **For Young Men and Young Women**

- ALSOP, F. G. AND M. F. MACBRIDE. *She's Off to Marriage*. Vanguard, 1942. 268 p. \$2.75.  
 CORNER, G. W. *Attaining Manhood*. New York: Harper, 1939. 95 p. \$1.25.  
 —*Attaining Womanhood*. Harper, 1939. 95 p. \$1.25.  
 CRISP, KATHERINE B. *Growing into Maturity*. Lippincott, 1939. 38 p. 40¢.



- DICKERSON, R. E. *Growing into Manhood*. Association Press, 1933. 100 p. \$1.00.  
 — *So Youth May Know*. Association Press, revised, 1947. 255 p. \$2.50 cloth, \$1.50 paper.
- DUVALL, EVELYN M. AND REUBEN HILL. *When You Marry*. Heath, 1945. 450 p. \$3.00.
- FEDDER, RUTH. *A Girl Grows Up*. McGraw-Hill, 1939. 235 p. \$2.00.
- FOSTER, R. G. *Marriage and Family Relationships*. Macmillan, 1944. 314 p. \$3.00.
- GROVES, E. R., EDNA SKINNER AND SADIE SWENSON. *The Family and Its Relationships*. Lippincott. Revised edition, 1941. 470 p. \$2.20.
- JOHNSON, R. H., AND OTHERS. *Looking toward Marriage*. Allyn and Bacon, 1944. 99 p. \$1.00.
- STRAIN, FRANCES B. *Love at the Threshold*. New York: Appleton-Century, 1939. 349 p. \$3.50.
- WELSHIMER, HELEN. *The Questions Girls Ask*. Dutton, 1940. 128 p. \$2.00.
- WOOD, MARGARET WEIGHLEY. *Living Together in the Family*. Revised from the original edition by Lemo Dennis Rockwood. American Home Economics Association, 1946. \$2.00.

### Pamphlets

(Unless otherwise indicated, published by the American Social Hygiene Association, and priced at ten cents each. Substantial discounts are allowed on quantities of 100 or more.)

#### For Boys and Girls

- Pub. No. (from 14 years)
- 626 From Boy to Man
- A-604 Health for Girls
- A-644 Dating Do's and Don'ts for Girls. 5¢

#### For Young Men and Women

- 972 Betrothal, Paul Popenoe
- A-176 Choosing a Home Partner, Newell W. Edson
- A-540 Health for Man and Boy
- A-541 Health for Women and Girls } William F. Snow  
 Special Series. Revised, 1944.  
 (25¢ for the set)
- A-542 Marriage and Parenthood
- \*— Petting, Wise or Otherwise, E. L. Clarke. 25¢
- \*— Building Sex into Your Life (for men 18-20), Paul Popenoe. 25¢

#### For Parents, Youth Leaders, Teachers, Pastors, Physicians, Nurses, Social Workers

- A-171 Sex Education in the Home and School
- 778 A Formula for Sex Education. 5¢
- 844 Sex Education in the Home, Helen W. Brown
- 853 The Question of Petting, Max J. Exner
- A-220 Education for Marriage, Max J. Exner
- A-105 Some Information for Mother, John Palmer Gavit (for parents)
- A-164 How Should You Tell Your Child About Sex? 5¢
- 982 Marriage and Morals, Henry Neumann
- A-349 Social Life for High School Boys and Girls, Paul Popenoe
- \*— Meeting Youth Needs, Mabel Grier Leshner
- \*A-532 When Children Ask About Sex. Child Study Assn. 25¢
- \*— Home Study Course in Social Hygiene Guidance. (Set of 6 lessons \$2.00, by Roy E. Dickerson, and pamphlet by Paul Popenoe.)
- \*— Marriage and Sexual Harmony, Oliver M. Butterfield. 50¢ (Shipped only by express for which add 65 cents).
- \*— Preparing for Marriage, Paul Popenoe. 25¢
- A-679 What Do Young People Want in a Marriage Partner?, Mirra Komarovsky
- A-681 Marriage and Divorce in the U. S. Today, C. C. Zimmerman and others. 15¢

For information regarding these and other social hygiene books, pamphlets, films and other materials, and on the social hygiene program generally, please write to

THE AMERICAN SOCIAL HYGIENE ASSOCIATION  
 1790 Broadway New York 19, N. Y.



## NATIONAL EVENTS

ELEANOR SHENEHON

*Director, Division of Public Information and Extension  
American Social Hygiene Association*

**Echoes from the National Health Assembly.**—According to reports received following the National Health Assembly in Washington, May 1 to 4, this event successfully achieved its general objective—a promise that the next ten years will see much progress in the distribution of medical care, in rural health, in maternal health and child care, in medical research and education, in treatment of chronic diseases and rehabilitation of the disabled, and in a vast extension of voluntary prepayment group health plans embodying group practice.

Oscar R. Ewing, Federal Security Administrator, reports that the Assembly, which he called following the President's request to him to draw up a 10-year program of national health goals, exceeded in effectiveness "our most optimistic hopes." Mr. Ewing cites three points as outstanding:

"First," he said, "we found out, as I had hoped we would, that the areas of agreement in the health field are much broader than had been evident in the past. This means that we can now go ahead and work in these areas with much more effectiveness and cooperative effort than before.

"Second, the Assembly proved that the layman is ready and eager to bear his full share of the burden in working with the health professions toward obtaining better health for our Nation.

"Third, what has come out of the National Health Assembly will furnish the impetus for action on the local front. I believe that the attention which the Assembly focused on our health needs will stimulate communities all over the country to examine their own health picture, taking specific actions to better it wherever necessary."

The May 8 issue of *The Journal of the American Medical Association* says:

"The National Health Assembly established what is apparently a new record for such conferences. Definite efforts were made to ascertain points of view, to attach proper weight to each of them and, on the basis of the evidence submitted, to propose recommendations which might be considered objectives or goals in advancing health during the next ten years.

"Clearly apparent from the first note sounded by Mr. Oscar Ewing in his opening address was recognition of the fundamental importance of a high quality of medical education for the solution of every medical problem.

"Second in emphasis was the necessity for consumer and professional cooperation in the development of adequate medical care at costs within the range of the mass of the people.

"Third was a perception of the necessity for continued experimentation in the development of techniques of providing and distributing medical care suitable to the needs of a diversified population under varying economic conditions.

"Fourth was emphasis on the special problems of the Negro physician and the Negro patient. Such corollary questions as the availability of animals for experimentation, of funds for conducting the medical schools and research institutions on a high plane, hospitalization and health centers, technics of transportation of the sick for rural areas, cooperatives for health, group practice, medical insurance on a service or fee-for-service basis and elimination of the profit motive in prepayment plans developed extended discussion and indicated the need of more study by experts..

"While there were still knotty problems not yet unraveled and areas of insufficiency not yet supplied, the nation seemed to be on the way toward the development of a plan for the production and distribution of medical services suitable to the American democracy."

The daily press and news magazines joined in commending the objectives of the Assembly and in bringing the high-lights of the four-day meeting to the public. The *New York Times* called it "one of the most important meetings held since the war," considering highly significant the fact that the 800 participants—"spokesmen for the medical profession, the public health agencies, the local and national voluntary agencies, foundations, industry, labor and the citizenry generally" came to Washington voluntarily to join "in this gigantic round-table conference on a subject which President Truman in addressing them termed "second in importance only to world peace."

Mr. Ewing's Report on the findings of the Health Assembly is expected to reach the President in June. It will be available to the extent of the supply, on request to the Federal Security Agency, Washington, D. C.

Dr. William F. Snow, Chairman, ASHA Board of Directors, attended the Assembly meetings.

**Progress Toward Local Health Units.**—Following the American Public Health Association-sponsored Princeton Conference of September 8-10, 1947, which discussed provision of adequate public health services for every citizen of the United States, the National Health Council called a meeting in New York on January 23rd. At this meeting, after delegates from forty-five national organizations had heard Dr. Haven Emerson, Chairman, APHA Sub-committee on Local Health Units, and Raymond T. Rich review *Present Status* and outline *Marshalling Support*, a ten-point resolution was adopted, as follows:

1. That each organization represented at Princeton be urged to approve officially, where possible, the principles of the Princeton resolution as soon as practicable and announce action with appropriate national publicity.
2. That the goal is to obtain complete coverage of all states and all communities by local full time health units under competent professional direction.
3. That each organization be encouraged to develop a specific program of action adapted to its structure and character.
4. That to assure most effective results in obtaining complete coverage by full time health units, it is essential that the activities of national agencies, although independent at the same time be coordinated.



5. That the representatives of the organizations here gathered urge that the National Health Council, representing as it does the common interests of national agencies concerned with public health be requested to create a National Advisory Committee on Local Health Units composed of responsible representatives of interested organizations such as those represented here and at the Princeton Conference, and such other organizations as may be determined subsequently.

6. That this Committee, with the cooperation of the above organizations, seek to develop a central program advisory service, materials and such other clearing house functions as may prove desirable.

7. That representatives at this meeting, in their individual capacities, recognize the necessity for federal assistance to states to complete the coverage of their respective populations and areas with full time local health units under professional direction.

8. That the representatives at the meeting trust that the National Congress of Parents and Teachers will take primary responsibility for following through with the legislation proposed by the Association of State and Territorial Health Officers, and that such other organizations as were represented at the Princeton Conference, and which may so desire, will take action jointly with the National Congress of Parents and Teachers to support this legislation in principle.

9. That the national organizations be encouraged to begin stimulation of state and local action to obtain the necessary local health units. To this end, it is also suggested that appropriate graphically illustrated educational material be prepared nationally for distribution through local units of national organizations.

10. That each organization urge its state and local affiliates to work cooperatively with existing statewide and local cooperating agencies or councils in order that there may be a pooling of interests, planning and action in securing the coverage referred to in recommendation 2. From this joint planning permanent organization for coordinated planning may be developed in those places where such does not now exist.

In line with *Recommendation 5* the Council has begun the formation of a National Advisory Committee, 43 national agencies having so far appointed representatives, Mrs. Dwight S. Perrin, of Syracuse, N. Y., being ASHA representative, and a number of agencies having taken special action to advance the project among their state and local affiliates. A planned series of regional conferences is also being undertaken, the first one being held in Mitchell, Indiana, April 21-22.\*

The American Social Hygiene Association's Executive Committee has supported the above principles by adopting the following resolution:

"Since at present in the United States approximately forty million people live in areas not having local health services; and

"Since it is apparent that in such areas effective measures cannot be carried out to control communicable diseases including syphilis and gonorrhea;

"The Executive Committee acting for the American Social Hygiene Association endorses the principle accepted by representatives of sixty-five national voluntary agencies at Princeton, New Jersey, on September 10, 1947, that in the interest of public health and welfare everything possible should be done immediately to secure complete coverage of the whole United States by adequate local health services; and

\* *Proceedings* of this Conference may be secured from the National Health Council, 1790 Broadway, New York 19.



“Expresses the view that each affiliate of this Association should by all appropriate means encourage full coverage of the United States by effective local health services and should give special attention to assuring the complete coverage of the state in which such affiliate is located.”

The Association's Division of Community Service also devoted its January issue of *Program Notes for Affiliated Societies* to the topic *Resolved—a Community Health Council by 1949*† and emphasized the effort in Social Hygiene Day materials.

**Recommendations of the National Conference on Family Life.**—At the close of the 3-day Conference on May 8 in Washington the 900 members took home with them recommendations adopted at the section meetings on ten different areas affecting family life—community participation, counseling and guidance, economic welfare, education, health and medical care, home management, housing, legal problems, recreation and social welfare. These recommendations, based on studies made over a period of years by committees of specialists under the supervision of Dr. Ernest G. Osborne of Columbia University, will be referred for action to the 125 organizations in every state in the union, Alaska and thirty foreign countries from which delegates came to the Conference. Each Conference member was asked to use the materials and recommendations as a basis for discussion and action in his own groups.

High-lights of the recommendations were:

Delegates attending sessions on housing endorsed the Taft-Ellender-Wagner bill, including its public housing program. These delegates voted also to call for more homes to rent, more three bedroom homes, a greater variety of dwellings on farms as well as in cities, and more self-sufficient communities.

The section on legal problems lent its endorsement to specific recommendations proposed by the American Bar Association. These asked for a Commission appointed by the President of the United States to re-examine laws regulating marriage and divorce and legal procedure, establishment of family and juvenile courts presided over by specialist judges, and extension of Legal Aid offices and low cost legal services.

Those attending meetings on education decided that high school boys and girls should be given training and personal help for marriage and family problems. They saw this lack of specific training as one of the most fundamental in education today and believe that it will not be possible to stem the tide of maladjustments and difficulties which marriages show today until such training is available.

They believe also that education for family living should include boys as well as girls and that teachers should be prepared to handle classes in family problems and personal counseling of boys and girls by training beyond textbooks.

† See also report on the Princeton Conference, JOURNAL OF SOCIAL HYGIENE, November, 1947, and a statement on Local Health Services, JOURNAL OF SOCIAL HYGIENE, March, 1948.

The section on counseling and guidance resolved that more professionally trained people are needed for family counseling, that counselors need to help improve conditions which produce the problems that call for counseling. The section stated its support of extending competent vocational guidance, employment counseling and placement services for youth and other age groups, and recommended that teachers receive more training in family relationships.

The section on community participation called for more team work in the neighborhood to achieve better streets, recreation, schools, homes, and other services designed to improve family life.

Delegates also urged stabilization of the national economy with particular emphasis on the need for extending coverage of social security legislation, more education of families and their members as to the value of good home management and means of attaining it, the promotion of adequate medical service for families, relation of recreation outside the home to the family, and the promotion of community organizations concerned with social welfare through state and federal assistance.

Eric Johnston, president of the Motion Picture Association, is chairman of the Board of the National Conference on Family Life, Dr. Ernest G. Osborne served as program coordinator, Dr. Alexander Radomski, as assistant program coordinator, and Mrs. C. H. L. Pennock, as secretary.

The American Social Hygiene Association was a sponsoring agency, and Dr. Ray Lyman Wilbur, ASHA Honorary President, is a member of the Conference Board. Dr. Mabel Grier Leshner, ASHA educational consultant, is a member of the Technical Advisory Committee, and other ASHA representatives attending the Washington sessions were Mrs. David Prince, member, Board of Directors, Dr. Fred Grundy, Chairman Executive Committee of the British Social Hygiene Council, Dr. Jacob A. Goldberg, secretary, New York Social Hygiene Committee, Roy Dickerson, executive secretary, Cincinnati Social Hygiene Society, and P. K. Houdek, executive secretary of the Kansas City Social Hygiene Society. Dr. William F. Snow, chairman, ASHA Board of Directors, attended the Conference as a representative of the National Health Council.

Conference materials are being edited and together with the revised section reports will be available from the Conference Headquarters at 10 East 40th Street, New York City.

**Army Studies and Plans for Civil Defense.**—On December 4, 1946 the Army Department announced the appointment of a Civil Defense Board to be headed by Major General Harold R. Bull. This Board, now commonly referred to as "the Bull Board," undertook an exhaustive study of the requirements of an adequate internal security organization. The report of the Board made public by the Secretary of Defense in January 1948, was summarized as follows:



The United States presently has no organization for internal security.

The potentialities of modern warfare are of such a nature that no area in the United States can be considered to be immune from attack by enemy forces.

The head of the Military Establishment, the Secretary of Defense, is endeavoring to work out a national plan for the continued security of the American people for the protection and preservation of lives and property which, in turn, are essential to the maintenance of the security of the Nation as a whole.

The national plan, when it is approved, will embody all the factors of internal security, in so far as they can be envisaged, that must be delegated to civil organizations and for which civilian groups must be responsible in wartime in the interest of national survival.

Pursuant to the findings of the Civil Defense Board, the Secretary of Defense has set up a staff unit in his office for the study and analysis of civil defense requirements and the promulgation of plans to meet those requirements. Currently this is an *interim* planning group which will recommend a permanent organization and policies for a Federal civil defense program.

Mr. Russell J. Hopley of Omaha, Nebraska, President of the Northwestern Bell Telephone Company, has been appointed Director of the new Civil Defense Planning Unit.

**New Federal Security Agency Appointments.**—U. S. Public Health Service Surgeon General Leonard A. Scheele has announced, effective May 17, the following appointments: Dr. W. Palmer Dearing as Deputy Surgeon General, succeeding Dr. James A. Crabtree; Dr. Bruce D. Forsyth as Assistant Surgeon General and Chief of the Dental Division, succeeding Dr. William Thomas Wright, Jr.; Dr. Eugene A. Gillis as Chief of the Division of Commissioned Officers, succeeding Dr. Dearing. Dr. Crabtree will head the medical unit of the National Security Resources Board and will work on mobilization planning in the medical field, and Dr. Wright will serve with the FSA Bureau of Employees Compensation and the Bureau of Indian Affairs, Dept. of the Interior. Dr. Gillis, trained in VD Control and previously on field service in Oklahoma and elsewhere, has been in Washington since 1945 where he served for over two years as Assistant Chief of the V. D. Division and for the past year has been Assistant Chief of the Division of Commissioned Officers.

Commissioner of Education John W. Studebaker announced, effective April 25, the appointment to the staff of the U. S. Office of Education Dr. Cyrus H. Maxwell as Chief of Administration of School and College Health Services in the Division of Auxiliary Services and Dr. Max Herbert Freeman as Specialist in the Business Education Service of the Division of Vocational Education.

**National Sheriffs' Association Holds Annual Convention.**—El Paso was the meeting place of the Seventh Annual Convention of the National Sheriffs' Association April 5-7, with the Board of Governors meeting April 4. The Convention drew a large attendance, many



traveling to El Paso on a special train for sheriffs which served 31 states and the District of Columbia.

ASHA Division of Legal and Social Protection furnished for distribution at this convention an assortment of publications, which Executive Secretary Charles J. Hahn writes were made available to all the members. Stating "I can assure you that there is positively no let-up in the sheriffs' endeavor to make prostitution a thing of the past in the United States," Mr. Hahn reports the following resolution adopted:

WHEREAS, the American Social Hygiene Association has been active for many years in the suppression of prostitution and is vitally interested in Social Protection; and

WHEREAS, the suppression of prostitution is a vital police problem and should be again called to the attention of the members of this Association; and

WHEREAS, the Federal Government, most unfortunately in the opinion of the National Sheriffs' Association, by action of the Congress of the United States, eliminated the Social Protection Division of the Federal Security Agency; and

WHEREAS, a National Defense Program is being considered by the Congress, and in all probability many military and naval establishments will be reactivated; and

WHEREAS, augmentation of the armed forces necessitates increased efforts in the law enforcement and social protection fields; and

WHEREAS, the American Social Hygiene Association is the only remaining national organization, of a non-governmental status, qualified to carry on a program for the suppression of prostitution and a comprehensive program of Social Protection; now

BE IT RESOLVED, that the National Sheriffs' Association in Convention assembled this 7th day of April, 1948, favors the adoption by national, state and local governments of a broad and comprehensive policy of social protection, including the suppression of commercialized prostitution and promiscuity; and

BE IT FURTHER RESOLVED, that the National Sheriffs' Association endorse the program of the American Social Hygiene Association and pledge its support to the said Association; and

BE IT FURTHER RESOLVED, that copy of this resolution be spread in the minutes of this meeting and a copy be forwarded to the American Social Hygiene Association

*Adopted April 7, 1948*

El Paso, Texas

*Attest:*

CHARLES J. HAHN

*Executive Secretary*

MARTIN T. PRATT, *Chairman*

Sheriff of Multnomah County, Portland, Oregon

A. B. FOSTER, *Member*

Sheriff of Fulton County, Atlanta, Georgia

EDWARD BEHRENDT, *Member*

Sheriff of Wayne County, Detroit, Michigan

CHARLES L. MILLER, *Member*

Former Sheriff of Berrien Co., St. Joseph, Michigan

WALTER C. MONAGHAN, *Member*

Sheriff of Allegheny County, Pittsburgh, Pa.

Officers for the coming year are: Allan G. Falby, president; Martin T. Pratt, R. E. Moore, A. B. Foster, and Walter Monaghan, vice presidents; Howard Clayton, treasurer; John M. Goldsmith, general counsel; Charles J. Hahn, executive secretary; K. E. Tilden, assistant secretary. National Headquarters, 715 Transportation Building, Washington 6, D. C.

**Other National Conventions and Elections.**—Among voluntary organizations holding their annual conventions this spring have been: the **American Psychiatric Association** in Washington, D. C., May 18, 19 and 20. Dr. George S. Stevenson, Medical Director of the National Committee for Mental Hygiene, was elected president. . . . **The American Orthopsychiatric Association**, at its annual convention in New York City, April 12–14 named Samuel Beck as 1948 president and Miss Marian McBee 1949 president-elect. Miss McBee is a staff member of New York State Charities Aid Association's Committee on Tuberculosis and Public Health which is responsible for social hygiene activities in many New York Upstate counties. . . . **The American Student Health Association** held its twenty-sixth annual meeting in Detroit, Michigan, under the auspices of Wayne University, May 6–8. Dr. H. L. Marshall was elected President, Dr. Lawrence Chenoweth, Vice-President, and Dr. Lawrence W. Holden, Secretary-Treasurer. The 27th annual meeting will be held during the Christmas week of 1948 somewhere on the west coast. . . . **The General Federation of Women's Clubs**, holding its fifty-seventh annual convention in Portland, Oregon, May 21 to 28, was addressed by Secretary of State George C. Marshall, Eric Johnston, president of the Motion Picture Association of America, and Ting Fu-tsiang, China's representative to the United Nations Security Council. The 1949 convention will be held in Miami, Florida, and the 1950 meeting in Boston when new officers will be elected. . . . 2,000 delegates to the **National Congress of Parents and Teachers** met for the fifty-first annual convention in Cleveland, May 24–26. The Congress which now has a record membership of 5,127,896, took as its theme *Unfinished Business—The Child and His Future*. . . . The Rev. Paul F. Tanner, assistant general secretary of the **National Catholic Welfare Conference**, has been promoted by Pope Pius XII to the rank of papal chamberlain with the title of Very Reverend Monsignor, it was announced May 13 by Archbishop Kiley of Milwaukee. . . . The 1948 Conference of the **National Society for the Prevention of Blindness** was held in Minneapolis, Minnesota, April 5, 6 and 7 with discussion centering on *Public Health Responsibility for Eye Health, Vision in Education, Organizing the Community for Sight Conservation, Teamwork for Industrial Eye Care, Scientific Advances in Prevention of Blindness and Education of the Exceptional Child*. . . . **The Biennial Nursing Convention**, held in Chicago, May 31–June 4, under the sponsorship of the American Nurse's Association, the National League of Nursing Education and the National Organization for Public Health Nursing, drew an attendance of more than 10,000 registered nurses. Among important steps taken was a start towards one national nursing association in place of the six present organizations\* and a decision to open the doors of the association to more than 3,000 qualified Negro nurses now denied membership in several Southern states. ANA officers elected were: Pearl McIver, president; Janet M. Geister and Mrs. Bethel J. McGrath, vice-

\* Including, in addition to the ANA, the NOPHN and NLNE, The American Association of Industrial Nurses, the Association of Colored Graduate Nurses and the Association of College Schools of Nursing.



presidents; Mrs. Lennie Laird, secretary; Lucy D. Germain, treasurer.

**Former Surgeon General Blue Dies.**—Dr. Rupert Blue, Surgeon General of the U. S. Public Health Service from 1912 to 1920, died in Charleston, South Carolina, on April 12, at the age of 80, after a long and distinguished career in medicine and public health, including the presidency of the American Medical Association. During World War I, he also served as a member of the Interdepartmental Social Hygiene Board and was a leading figure in the coordinated military-civilian plans initiated at that time for maintaining low venereal disease rates among the armed forces, for repressing commercialized prostitution in communities near cantonments, and developing constructive community safeguards and recreational facilities.

**Veterans Administration Has Custody of Army Syphilis Records.**—Dr. Paul B. Magnuson, Chief Medical Director of the Veterans Administration, Washington, D. C., has made the following announcement:

"The Veterans Administration has in its custody the majority of syphilis records of those Army personnel who were treated for this disease while in active service, and in many instances can procure informative data from the syphilis records of other than Army personnel. It is thought that many physicians treating veterans for syphilis as private patients would find a résumé of the syphilis record useful since the details of treatment, results of spinal fluid examinations, and blood serologies are incorporated in the records.

"Résumés of these records are available to physicians who are treating such veterans provided authorization for the release of the data is given by the veteran. Requests for the résumés accompanied by an authorization for the release of the data, dated and signed by the veteran, should be addressed to the Dermatology and Syphilology Section, Veterans Administration, Munitions Building, Washington 25, D. C. It is most important that the veteran's Service Serial Number and other identifying information, such as the date of enlistment, the date of discharge, rank, and organization be included.

"Ordinarily the résumés can be furnished in approximately two weeks from the date of the receipt of the request and signed authorization."

**Health and Medical Care Collection at Meharry Medical College:** Dr. Thomas A. LaSaine, director of this recently established collection, reports that through the cooperation of national organizations, State Health Departments and interested individuals, the Collection contains at the end of its first year nearly 500 books, periodicals, pamphlets and articles concerning health of the Negro. To mark the first anniversary, the first of a planned series of annotated bibliographies on this subject, entitled *Negro Health and Medical Care*, has been issued. Dr. LaSaine says, "We are attempting to gather source materials permitting an appraisal of the health and medical situation of Negroes in the United States. We are especially interested in public health facilities, personnel and policies as they concern the Negro. We would appreciate your sending us whatever material you may find it possible to contribute." Publications, correspondence and other communications should be addressed to Dr. LaSaine at Meharry Medical College, Nashville 8, Tennessee.



## NEWS FROM THE STATES AND COMMUNITIES

ESTHER EMERSON SWEENEY

*Associate Director, Division of Public Information and Extension,  
American Social Hygiene Association*

### **District of Columbia Social Hygiene Society Sums Up Year's Work.**

—Ray H. Everett, the Society's executive secretary, reports in the May issue of his *Social Hygiene News and Views* on the past year's work, addressing "friends and supporters" with the plea

"Pray study the facts in this yearly report  
And con the philosophy of it".

The "philosophy" and the facts and figures presented here are food for thought not only to workers and friends in Washington, D. C., but everywhere that social hygiene efforts are made. For example, quoting Dr. Winfred Overholser, superintendent of St. Elizabeth's Hospital as stating "the Social Hygiene Society's excellent public health education program has been a major factor in the steady decrease of mental disease due to syphilis in Washington," the report says that among "cash dividends" accruing from the Society's work the reduction in the number of District of Columbia patients sent to St. Elizabeth's Hospital because of syphilis saves Washington taxpayers far more money (between \$250,000 and \$300,000 each year) than the total of the Society's budgets for its entire 30 years' existence.

But even more important than the cash dividends are the benefits in human health and happiness gained.

The D. C. Society commends the present-day trend in voluntary health and social welfare work to aid people by helping them become healthy, self-reliant, self-sustaining members of the community, as contrasted with the days of Lady Bountiful when "charity really was charity," but lacked method, ethics, efficiency and humanity. The Society's marriage counseling program, with its 627 clients of the past year, well exemplifies this new trend of helping people to help themselves.

Marriage counseling, however, was the subject of only about 25 per cent of the "personal services" sought by the public, the total number of "consultations on an individual basis" furnished by the Society's staff during the year being 2,485. There is a constant increase in this type of request for help, the report says.

The Society uses all the time-tried ways of telling the public social hygiene facts and pioneers in novel and effective educational methods.\* Nearly 200 lectures to audiences totaling 18,635; 24 radio broadcasts, 1,755 inches of newspaper space, 15,250 pamphlets dis-

\* Since this report was published, a Washington radio station presented Mr. Everett and two young couples, one engaged, one "young marrieds" in what was announced as the "first televised social hygiene program, Quizzing the Marriage Counselor".

tributed, 630 books lent, 37 exhibits furnished, are some of the statistical facts presented.

A capsule *Washington Social Hygiene Digest*, reviewing the current situation and serving as a springboard for the next year's work, and an appreciation to "all our colleagues who are seeking and working for a happier, healthier and more tolerant humanity" concludes this interesting and encouraging review.

**Indiana: New State Social Hygiene Association Formed.**—Following a period of careful planning of operations and program, the Indiana Social Hygiene Association formally made its debut on May 6, when constitution and by-laws were adopted and officers elected. Dr. A. F. Weyerbacher of Indianapolis is president, Paul Johnson of Delphi vice-president, Mrs. A. W. Ratcliffe of Evansville secretary, Harold B. West of Indianapolis treasurer, with Mrs. D. F. Buschmann working on a full time basis as field representative. This new Association, which has affiliated with the national Association as a society member, is carrying on activities in the fields of public information and health education, medical and public health, legal and social protection and sex instruction and training for family life. With this program and the progress being made by the Indianapolis Social Hygiene Association in Indiana's capital city, the Hoosier State should roll up a record. ISHA address is 1220 Security Trust Building, Indianapolis.

**New Jersey: Dr. Daniel Bergsma New Jersey's New Commissioner of Health.**—Dr. Daniel Bergsma of Trenton assumed office June 1 as New Jersey's first State Commissioner of Health under a 1947 law that reorganized the State Health Department, giving broad authority and responsibility to the new office of Commissioner. Joining the New Jersey State Health Department in 1938 as a Medical Assistant, Dr. Bergsma served New Jersey as Chief, Bureau of VD Control, from 1940 until he joined the U. S. Army Medical Corps in 1942. Upon his return from service in 1946 he was appointed Deputy Director, New Jersey State Health Department and served in this capacity until the reorganization law became effective July 1, 1947. Dr. J. Lynn Mahaffey, long a supporter of the social hygiene movement, was New Jersey's Director of Health from 1931 to 1947.

Commissioned in the Medical Corps with the rank of Captain, Dr. Bergsma attained the rank of Colonel in 1946. His military assignments: Headquarters, Eastern Defense Command and First Army, May 1, 1942 to June 14, 1943; Assistant Theater Surgeon, Headquarters, Caribbean Defense Command, in area covering all troops in Central America, all of Antilles Islands and countries of northern and western South America, 1943 to 1946.

**New York: Annual Conference of SCAA State and Local Committees on Tuberculosis and Public Health.**—With the theme *Working Together for Public Health*, the SCAA State and Local Committees on Tuberculosis and Public Health held their annual conference and



business meeting May 11 and 12 at the Hotel Commodore, New York City, with delegates present from 51 of the 62 County and City Associations. Of a total registration of 282, 25 allied agencies were represented.

The program included: a symposium on *The Promotion of Public Interest and Concern for Improving Health Instruction and Health Protection in the Public Schools of New York State*, followed by a luncheon meeting at which Miss M. Eunice Hilton, Regional Director, State Food Commission, and Dean of Women, Syracuse University, and State Commissioner of Health Herman E. Hilleboe spoke; a session built around *Tested Measures for Expanding and Improving the Programs of Tuberculosis and Health Associations*. At the Wednesday luncheon meeting Dr. Granville W. Larimore, Director Health Education Office, New York State Department of Health, spoke on *The Challenge of Adult Health Education*.

Social hygiene workers will remember Dr. Larimore as an Army VD Control field officer during World War I and later Director of Health Education for the Office of the Army's Surgeon General. Dr. Paul M. Lemkau, Director, Mental Hygiene Study Johns Hopkins University, was also a luncheon speaker on *Some Mental Hygiene Aspects of Public Health*.

**New York: Genesee County Christmas Seal Committee Holds Family Life Institute.**—Mr. Roy E. Dickerson, executive secretary, Cincinnati Social Hygiene Society, was the leader of a *Family Life Institute* held in Batavia, New York, May 27.

Opening with a luncheon meeting at which Mr. Dickerson spoke, the Institute included an afternoon workshop conference with a talk on *Mobilizing Community Resources for Safeguarding Marriage*, followed by a panel discussion centering around parent education, direct counseling with youth, integration of suitable materials into the schools, work with delinquent children, opportunities in the church and in social work. The Committee, in the belief that "something is happening to the family today" and in the spirit of seeking jointly for facts and solution, called together community representatives from youth organizations, clergy, parent-teacher group, school principals, school guidance workers, Children's Court Department, the Bar Association and medical organizations for the panel.

The evening address was a public lecture by Mr. Dickerson on *Walking Backwards into Marriage*.

**New York: Queensboro Tuberculosis and Health Association Holds Annual Meeting.**—On May 24 the Queensboro Tuberculosis and Health Association, ASHA society affiliate, held a successful annual dinner meeting in the Forest Hills Inn, with Dr. C. K. Chu, assistant director of field services for the World Health Organization, making the principal address on *New Hope for China's Millions*. Dr. Chu, who was granted a year's leave as director of China's National Institute of Health to serve with the W.H.O., told of the tuberculosis



associations in China this year uniting to form the Chinese National Anti-Tuberculosis Association and holding their first sale of tuberculosis seals at New Year's.

Dr. James R. Reuling, formerly president of the Queensboro Association and now National TB Association president, was present to give greetings to the Queensboro group. Dr. Henry P. Hallock, president, presented the annual report.

Newly elected officers are: Dr. Henry P. Hallock, president, Godias J. Drolet and Ezra A. Wolff, vice-presidents, Herman H. Wright, secretary, James O. Arroll, treasurer, and William H. Britton, assistant treasurer and executive director. ASHA was represented at the dinner by Mrs. Dorothy Powell, field representative.

**New York: Lectures in Gloversville and Catskill.**—On April 13, Fulton County Social Hygiene Day, Dr. Charles C. Noble, dean of Hendricks Chapel at Syracuse University, spoke in Gloversville on *Education for Family Living* and on April 21 made four appearances in Catskill, speaking on related education for family living, under the auspices of the Greene County Tuberculosis and Public Health Association.

Social Hygiene Day in Fulton County was further celebrated by a panel discussion, led by Dr. Noble, on *Teen-Age Relationships*. The auditorium, seating 500, was packed and the success of the meeting was shown by the many questions from the student audience during the discussion. In the evening Dr. Noble spoke on *Parents and Teachers Face a Challenge*, in a meeting planned primarily for adults but quite a sizable group of students again attended.

The entire program was designed under the auspices of the Gloversville Parent Teacher Association and the Fulton County Tuberculosis and Health Association and the leadership of Mrs. Iva W. Holmes, Fulton County executive secretary, to bring before parents, teachers and the community at large, their responsibility in the control of juvenile delinquency and the correction of conditions conducive to creating such delinquency.

In Catskill Dr. Noble spoke to high school students at morning assembly, and in the afternoon met with leaders, potential leaders and groups working with young people. At the conclusion of the afternoon meeting Mrs. Fred C. Fiero, executive secretary of the Greene County Tuberculosis and Public Health Association, showed to the group *Miracle of Living*, one of the Army's latest training films. In the evening Dr. Noble spoke, and led a discussion group in the First Baptist Church.

**New York: Thomas Connolly Succeeds Arthur W. Towne with Onondaga Health Association.**—At a meeting of the Board of Directors of the Onondaga Health Association April 15 in Syracuse, Thomas A. Connolly, field consultant, was appointed executive secretary to succeed Arthur W. Towne who has retired after 24 years' service in this office.

Mr. Towne became Executive Secretary of the Onondaga Association in April, 1924. From then until 1930, the Onondaga Association was one of three local agencies that conducted demonstrations in the field of public health toward which the Milbank Memorial Fund contributed approximately half a million dollars. This was an effort to ascertain how much additional protection of the health of the people could be secured by a substantial increase in the expenditures. The Onondaga program, including a good deal of social hygiene work, has developed into one of the broadest of its kind in the State.

Mr. Connolly has been since July, 1946, Special Field Consultant for the New York State TB and Health Committee. Just previous to this assignment he served as a Field Representative for the Social Protection Division of the Federal Security Agency. He is a graduate of the Fordham University School of Social Service and has had positions as Teacher in New York City Continuation Schools; with the Division of Child Welfare, New York State Department of Social Welfare; with the New York State Parole Board; as Field Supervisor War Relief Services National Catholic Welfare Conference.

**New York City: Harlem Council on Social Hygiene Holds Annual Meeting.**—On April 22 at the Harlem Y. M. C. A. the Harlem Council on Social Hygiene held its Fifth Annual Meeting, featuring an address by Dr. Harry S. Mustard, New York City's Health Commissioner on *Venereal Disease in Public Health Perspective*. Dr. Mustard praised the VD program of the Council, reaffirming the basic principle that venereal diseases will be eradicated only through citizen knowledge and cooperation in the control program. Brief addresses were also given by Dr. Cyril H. Dolly, president Manhattan Central Medical Society and Dr. Vernon W. Ayer, health officer Central Harlem Health District.

Harriet I. Pickens, executive secretary of the Council, reported a successful year covering activities with and for young people. A special survey was made of conditions contributing to juvenile delinquency, especially around schools in Harlem, and two social hygiene institutes were held for youth leaders. The survey disclosed many law violations by bars and grills selling liquor to minors, which were reported to the State Liquor Authority. In addition to the two major institutes, a number were held in housing projects, settlements and churches, involving boys and girls and their parents.

**Ohio: Cleveland Health Museum Aids Schools in Teaching Sex Education.**—The Cleveland Health Museum recently held a two day institute for teachers on sex education, made possible by a special grant from the Cleveland Foundation. The program included three sessions, one a panel discussion on *The Maturing Boy and Girl Growing Up in the Community*; the second, classroom demonstrations in teaching *Adolescent Growth and Character Education and Personality Development*, an additional feature being a preview of the University of Oregon film, *Human Growth*; and the third a luncheon



session with Dr. Willis A. Sutton, superintendent emeritus of the Atlanta, Ga., Public Schools, speaking on *Just a Man*.

Participants in the panel discussion, led by Dr. Henry Miller Busch, head of the department of sociology, Cleveland College, were: Miss Florence Hellman, Kent State University; Miss Edna Morgan, Principal at Paul Revere Elementary School; Mrs. Eugenia Wetzel, science teacher from West High School; Dr. Claire Ness, Cleveland Guidance Center; Dr. Gerard D'Oreo, Chief of the Bureau of Venereal Disease Control; Mrs. Ruth Melcher, head probation officer of the Juvenile Court.

General conclusions reached by this panel were:

- (1) Education for marriage should be moved to high school level.
- (2) Community should provide recreational centers for children.
- (3) It is the responsibility of the school to analyze the attitudes brought from the home to the school and to help replace undesirable attitudes with desirable ones.
- (4) The school should provide opportunities to teach self-expression for a well integrated personality and should recognize deviation from the normal.
- (5) Problems of sex education and human relations are not separate study units; rather these are but a part of all around good teaching in which the home, school, and community must play an integral part.

The film, *Human Reproduction*, from the Health Education Series, McGraw-Hill Book Company, was previewed by the 160 attending delegates.

During the Institute suggested teaching aids and other printed materials were distributed in cooperation with the Joint Social Hygiene Committee, the Cuyahoga County and Cleveland Public Libraries, the Family Health Association and the Cleveland Health Museum.

An interesting follow-up of the Institute was a radio broadcast in the form of panel discussion on highlights of the Institute.

The Cleveland Health Museum had wide publicity recently through an article by Jack R. Pollack in the May 16 issue of *This Week*.

**Utah Social Hygiene Association Has Busy Year.**—The Annual Report of the USHA, recently received from Wayne J. Anderson, Executive Secretary, reviews an active and successful year's work. Pointing out that the Association has been pioneering in Utah since 1940 "in a field of education, social service and community betterment which hitherto has not engaged the concerted and undivided attention and energy of any other local agency" the report tells of numerous useful activities. A Speaker's Bureau has furnished talks for an audience of about 7,000, including church groups, civic meetings, PTA groups and high school students and 20,000 pamphlets were given out, with 200 books. Cooperation was given to the State Department of Education and the Adult Night School in furnishing trained leaders for three six-week courses for parents in *Family Life Education*. The University of Utah's *Family Life Training Center*, conducted with ASHA and USHA cooperating, during the summer session, was again taught in 1947 by ASHA Educational Consultant Dr. Mabel G. Leshner, with 132 community leaders attending. A week-long *Family Life Institute* was also held. The USHA



office staff has provided considerable premarital educational material for young people who have attended the group classes. Social protection activities are regularly maintained, through passing on to the authorities reports on prostitution conditions made by ASHA. An active VD education program is conducted the year round.

The Utah Society held its Social Hygiene Day observance on February 11, a dinner meeting with Dr. Gage G. Wetherill, Director of Health Education of the San Diego, California, City Schools, speaking on *Family Life Education as Part of the School Program*. Interest in this address led to the formation of a city Family Life Council, which is making a study of needs and opportunities in this field. The Society's executive secretary recently gave seven talks in Moab, a southern Utah town, on *Family Life Education*, and the county superintendent of schools has expressed interest in school courses on this topic. On May 10 and 11, Dr. Ralph G. Eckert, Chief, Bureau of Health Education, California State Education Department, stopped on his way home from the National Conference on Family Life in Washington, D. C., to speak before the Utah groups.

Officers of the USHA are: Herbert M. Schiller, president; Elias L. Day, vice-president, and Winifred H. Dyer, secretary-treasurer. An executive committee of 7, a board of directors numbering ten, and an advisory committee of thirty, with the Venerable W. F. Bulkeley as chairman, guides the program, with Mr. Anderson as executive officer. Headquarters are at 306 Ness Building, Salt Lake City, and the society is among those supported by the Community Chest.

#### North Carolina Introduces New Cartoon Personality

*Better Health for North Carolina*, popular magazine of the North Carolina Social Hygiene Society, has named its new cartoon feature *Willy Getby*. Willy, to quote BH, "is a well-meaning but poor-doing chap, trying to get by with violations of health rules which many of us habitually break, but few like to admit violating." Willy got his name through a *Better Health Contest* sponsored by the Society during February with the support of 27 leading North Carolina business firms who contributed merchandise prizes worth \$1,157.81. Entries came from all parts of the State, and after a three-week preliminary judging by the *Better Health* editorial staff, Kay Kyser, native North Carolinian, well-known band leader and a staunch friend of the Society, picked as winner Rev. W. L. Clegg of Fayetteville. Mr. Clegg, a charter subscriber to the magazine, submitted as his entry the question:

"*Willy Getby* with ignorance of health rules, violation of health laws, and disregard for the welfare of

others?" "For the answer to this question," Mrs. Emma Carr Bivins, editor, says, "read *Better Health*." The magazine, 32 pages of slick-paper, illustrated articles, special departments and other features designed to appeal to the public, was first published in 1946 as a bi-monthly. Beginning with June, 1948, it will be a monthly, subscription price \$2.00 yearly, single copies 20 cents. Besides introducing *Willy* the April issue, leading off with an article *Will Medicine Move Forward*, by Elder Statesman Bernard Baruch, featured a full-page cover painting of *My Old Home* by Rocky Mount Grandmother Margaret Lena Davis, 66 and arthritic, full-page photograph of Mrs. Davis at her easel, and an article *Art versus Arthritis*, describing her triumph over her affliction. A double column feature on *The New Look in VD Control*, describing the San Francisco program, as reported by Dr. Richard A. Koch in the *Journal of VD Information*, calls attention to recent social hygiene developments.

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KANSAS CITY

## WORLD NEWS AND VIEWS

JEAN B. PINNEY      and      JOSEPHINE V. TULLER  
*Director*                              *Assistant Director*

LIAISON OFFICE FOR INTERNATIONAL SOCIAL HYGIENE AGENCIES  
AND ACTIVITIES  
AMERICAN SOCIAL HYGIENE ASSOCIATION

### News from the United Nations

**U. S. Congress Approves United States Membership in World Health Organization.**—On Monday, June 14, President Truman signed a joint resolution adopted by the United States Congress, providing for U. S. A. membership and participation in the World Health Organization. At the same time he signed the instrument of acceptance of the WHO Constitution, and sent it to the United Nations for deposit. The United States was the 42nd nation to apply for membership. According to a list furnished by WHO, 33 UN members and 10 non-members had ratified as of June 15, those joining during the past month, aside from the U. S. A., including Brazil, Bulgaria, the Dominican Republic, France, Pakistan, Rumania and Venezuela.\*

To take part in the First World Health Assembly, which began a five week session in Geneva on June 24, the United States sent a delegation of 21 persons, headed by Dr. Thomas Parran, former Surgeon General of the U. S. Public Health Service and now Chief of the Far East Medical Mission, UN International Emergency Children's Fund, who went to Geneva from India. The other two principal delegates are Dr. James R. Miller, a trustee of the American Medical Association, and Dr. Martha M. Eliot, associate chief of the U. S. Children's Bureau. Five persons, named as alternate delegates were:

Dr. Frank P. Corrigan, political adviser on Latin America of the U. S. delegation to the United Nations at New York; Dr. James A. Doull, chief, Office of International Health Relations, U. S. Public Health Service; Dr. Wilton Halverson, director, State Health Service of California; Dr. H. Van Zile Hyde, U. S. Public Health Service officer assigned to the U. S. State Department's Division of International, Labor, Health and Social Affairs, and Durward V. Sandifer, Deputy Director, State Department Office of United Nations Affairs.

Seventy-three governments, 18 UN specialized agencies and non-governmental organizations, as well as the Occupation Authorities of Germany, Austria, Japan, Southern and Northern Korea, have been invited to the Assembly.

Social hygiene voluntary interests will be well represented, since Dr. André Cavaillon, of the French Ministry of Public Health, and Secretary-General of the International Union against the Venereal

\* See May JOURNAL OF SOCIAL HYGIENE for list to May 18.



Diseases, heads the French delegation, and many other national delegations will doubtless include health leaders identified with the Union either as officers or technical counselors of this international voluntary body, or through their national social hygiene groups as Union member agencies. Of the U. S. delegation, chief delegate Parran, as a member of the ASHA Board of Directors and of the ASHA Committee on International Relations and Activities, Dr. Halverson, an ASHA Honorary Life Member, and other good friends, may be counted upon to keep the voluntary angle in mind in the important international health program now being formed.

### News from the International Agencies

**Program for 1948 General Assembly, International Union against Venereal Diseases.**—Dr. André Cavaillon, secretary-general, has announced the following preliminary Agenda for the Union's General Assembly, called for Copenhagen, Denmark, September 6-10:

**Celebration of the Union's 25th Anniversary.**

**Consideration of plans for the international venereal disease control program** (as recommended by the Union's Committee No. 1 "to study reports of former Ports Commission, the need for revision of the Brussels agreement, and plans for inclusion of migrant groups" following a Committee meeting held at The Hague in March), *Committee Chairman*, DR. E. H. HERMANS, of Holland.

**Consideration of cooperation with the United Nations, especially the World Health Organization and UNESCO** (as recommended by the Union's Committee No. 2 at The Hague meetings), *Committee Chairman*, DR. P. VAN DE CALSEYDE, of Belgium.

**Consideration of biological, physiological and psychological aspects of human behavior in relation to prevention and control of venereal diseases** (as recommended by the Union's Committee No. 3 on these problems at The Hague meetings), *Committee Chairman*, MRS. S. NEVILLE-ROLFE, of England.

**Modern treatment methods for syphilis.** *Rapporteurs*: PROFESSOR MARIAN GRZYBOWSKI, Poland; PROFESSOR SVEN HELLERSTROM, Sweden; PROFESSOR ROBERT DEGOS, France.

**The international inquiry concerning transmission of venereal diseases in the Rhine River district,** *Rapporteur*, PROFESSOR PAUTRIER.

**Business session**, with reports from the secretary-general DR. ANDRE CAVAILLON, and the treasurer, BERNARD H. FLURSCHEIM.

The United States delegation to the Copenhagen meeting is expected to include, besides the Union's president, Dr. William F. Snow, Dr. and Mrs. Robert Bishop, Jr. of Cleveland, Ohio (Dr. Bishop is a member of the Association's Committee on International Relations and Activities, and of the ASHA Board of Directors), Major Louis N. Altshuler, Chief, Venereal Disease Section, U. S. Department of the Army, Washington, D. C.; Dr. J. R. Heller, junior, a technical counselor of the Union, former Chief, U. S. Public Health Service Venereal Disease Division, and possibly other representatives of United States federal and voluntary agencies. Mrs. Josephine V. Tuller, Assistant Director of the Union's Regional Office for the Americas, will serve as delegation secretary.



For further information on the 1948 Assembly those interested are invited to address Miss Marguerite Troue, Administrative Secretary, at the Union's international headquarters at Institut Fournier, 25, Boulevard Saint-Jacques, Paris XIV, or Miss Jean B. Pinney, Director, Regional Office for the Americas, Room 1404, 1790 Broadway, New York 19, New York.

**Mr. Flurscheim Concludes Year's Itinerary in the Other American Republics.**—Mr. Bernard H. Flurscheim, treasurer of the International Union against the Venereal Diseases and actively associated with the work of the international unions against cancer and tuberculosis, recently completed a year's travel on behalf of these organizations in the majority of the countries represented in the Pan American Union. In the course of his itinerary, aside from visiting the chief cities in each country to confer with official and voluntary health and welfare leaders, he participated in a September celebration of Anti-venereal Disease Day, arranged in Buenos Aires by the Argentine League for Health and Welfare; attended sessions of a Pan American conference of health officials, including officers of the Pan American Sanitary Bureau, in Buenos Aires, joined in a Social Hygiene Day observance of the Mexican National Association of Venereology, and served as the IUVD's representative at the General Conference of UNESCO in Mexico City in November, 1947.

Returning to New York early in April, Mr. Flurscheim spent some time at the Union's Regional Office for the Americas, attended the International Conference on Malaria and Tropical Medicine in Washington May 10-15, conferred with officers of the Pan American Sanitary Bureau, the Institute of Inter-American Affairs and other interested Washington agencies, and sailed for France on May 26 to report to the Union's headquarters office.

One fruit of his travels was a comprehensive collection of printed reports, programs and educational materials, including pamphlets, leaflets, posters, etc., from the various countries, which is being catalogued for future reference at the Regional Office.

**International Conference of Social Work Is Successful.**—About 200 delegates from other countries attended the Fourth International Conference of Social Work, arranged in cooperation with the 75th Anniversary meeting of the National Conference of Social Work at Atlantic City, April 17 to 21, with additional sessions in New York City and at United Nations Interim Headquarters at Lake Success, N. Y.

In Atlantic City the program included general sessions, jointly with the NSWC, and its constituent groups, on international health and welfare programs and needs, with round-table discussions, and a popular round of receptions arranged by the American Association of Social Workers, the American Red Cross, the National Catholic Welfare Conference and other groups. The International Conference registration and exhibit booth was a busy headquarters for the foreign groups.

The New York sessions, aside from the trip to Lake Success to see the United Nations in action, were mainly for organizational and business purposes. A new Constitution was presented, and the matter of regional groups discussed. Dr. Rene Sand, ICSW president, spoke on *The Future Role of the International Conference*, and Sir Raphael Cilento, Director UN Division of Social Activities, was a luncheon speaker on the topic *International Social Welfare Activities*, mentioning the possibility of a "UN international advisory body in the social field within two or three years."

International Conference officers elected were:

Honorary president, Dr. Rene Sand, Belgium; president, George E. Haynes, London; vice-presidents, Fred H. Koehler, United States; Dr. J. M. Kumarappa, India; Dr. H. M. L. Sark, Netherlands; F. H. Rowe, Australia; treasurer, William H. Dewar; acting secretary-general, Joseph P. Anderson, New York City; assistant secretary-general, Mlle. de Hurtado, France.

The International Union against Venereal Diseases was represented at the Conference by Dr. William F. Snow, who is a member of the United States National Conference Committee for the ICSW, and also represented the American Social Hygiene Association at the National Conference, Bernard H. Flursheim, IUVD treasurer, Jean B. Pinney, director IUVD Regional Office for the Americas, and Mrs. Josephine V. Tuller, assistant director. The two latter assisted at the Conference booth at Atlantic City.

**World Medical Association Completes Organization.**—The fifteen member Council of the World Medical Association, a congress of physicians representing 48 nations, organized at a Paris meeting in 1947 "to promote international medical cooperation and a high level of health", held its first Council session in New York April 26 to 30, to complete organization details. Dr. Louis H. Bauer, of Hempstead, Long Island, New York, who has served as secretary of the United States Committee for WMA, was appointed secretary-general, and New York City established as the world headquarters. Offices will be at the New York Academy of Medicine, 2 East 103rd Street. Dr. Bauer's term of office is for an indefinite period, subject to annual review by the Council. Succeeding him as secretary of the United States Committee is Dr. Elmer L. Henderson of Louisville, Kentucky, Chairman of the Board of Trustees of the American Medical Association.

In addition to Dr. Henderson and Dr. Bauer, who as WMA secretary-general automatically becomes also Council secretary, officers and members of the WMA Council for 1947-48 are:

Chairman, Dr. T. C. Routley, Canada; vice-chairman, Dr. Dag Knutson, Sweden; treasurer, Dr. O. Leuch, Switzerland; ex officio members, Prof. Eugene Marquis, WMA president, and Prof. Jaroslav Stuchlik, Czechoslovakia, WMA president-elect; elective members: Dr. Jose A. Bustamante, Cuba; Dr. Paul Cibrie, France; Dr. Alexander Hartwich, Austria; Dr. P. Z. King, China (represented at the New York meeting by Dr. John Yui); Dr. J. A. Pridham, England; Dr. N. C. Sen, India; and Dr. L. G. Tornel, Spain.

Following the meeting and a program of entertainment arranged by New York medical groups, the Council members left for Chicago, where, with the American Medical Association as hosts and guides, they began a tour of inspection of Mid-western medical facilities.



The first general assembly of the World Medical Association will be held in Geneva, Switzerland, September 8-11, 1948.

Dr. William F. Snow, President of the International Union against the Venereal Diseases, attended the New York Council meeting.

**International Conference on Tropical Medicine and Malaria.**—According to accounts received, over 1,000 physicians and public health officials attended the Fourth International Congresses on Tropical Medicine and Malaria, held in Washington, D. C., May 10-15. A number of the sessions dealt with the venereal diseases. Dr. William F. Snow and Mr. Bernard H. Flurschein attended as delegates from the International Union against the Venereal Diseases. Dr. Wilbur A. Sawyer, a member of the ASHA Committee on International Relations and Activities, served as Conference Secretary, including the year's preliminary work.

**Institute of Pacific Relations Elects Dr. Wilbur.**—The American Institute of Pacific Relations, at a meeting in New York in April, elected as chairman of its Board of Trustees Dr. Ray Lyman Wilbur, chancellor of Stanford University, honorary president of the American Social Hygiene Association and a member of the ASHA Committee on International Relations and Activities.

Dr. Wilbur, who succeeds Dr. Robert Gordon Sproul, University of California president, served as chairman of the first meeting of the Institute at Honolulu in 1925, and has been continuously active in its work and in the affairs of the American group on Pacific Relations, which is one of eleven national organizations making up the Institute membership.

**International Council of Nurses Has New Headquarters and New Secretary.**—After seven years in the United States, the ICN Board voted at its meeting in May, 1947, to move the Council's headquarters back to London—the original site of the organization's founding in 1899. 19 Queen's Gate, London, S.W. 7, is the new address. The appointment of a new Executive Secretary, Miss Daisy Caroline Bridges, R.R.C., S.R.N., S.C.M., of London, has also been announced, as of April 1.

The *International Nursing Bulletin*, Council quarterly, states that the temporary office maintained at 1819 Broadway, New York, was terminated as of May 15, and that all communications should be addressed to the headquarters in London. Miss Effie J. Taylor, past president, assisted by Mrs. Frances C. Smith, will continue to serve in New York for the president, Miss Gerda Hojer, of Sweden, as ICN representative to the United Nations at Lake Success.

The next Congress of the Council, an Interim Conference, is planned for June 12-16, 1949, at Stockholm, according to an announcement in the *Bulletin's* Spring Issue.



**U. S. Office of Education Announces French-American Teacher Exchange.**—A new French-American teacher exchange program, to provide for exchange of ten United States teachers with ten teachers from France, will be conducted during the 1948-1949 school year, it has been announced by Commissioner of Education John W. Studebaker. Selection of teachers for exchange will be made under the same procedure as that now being used for the continuing British-American Teacher Exchange Program. Applicants will be interviewed by Regional Selection Committees composed of members from local schools and colleges and from national educational organizations. This is the first such program with a non-English-speaking nation.

USA teachers interested are urged to make immediate application to Director, Division of International Educational Relations, U. S. Office of Education, Washington 25, D. C.

**Inter-American Exchange Fellowship Program Resumes.**—The U. S. Office of Education has also announced the resumption of programs to provide exchange fellowships and supplementary maintenance or travel grants for graduate study of United States students in the other American republics. This program, conducted jointly by the Office of Education and the U. S. State Department, was suspended during the war years.

The program provides for the exchange of two graduate students each year between the United States and the other countries. Participating for the coming academic year will be Brazil, Chile, Costa Rica, Haiti, Honduras, Mexico, Paraguay, the Dominican Republic, Peru and Venezuela. Participating at a later date will be Bolivia, Colombia, Cuba, Guatemala, Nicaragua and Panama.

Two graduate students are selected for exchange by the receiving government from a panel of five. Transportation to and from the receiving country is paid by the USA for United States students. The receiving government pays tuition and a monthly maintenance allowance, and in some cases a small sum for books and incidental expenses. United States students who are interested should apply not later than August 15, 1948, to the Division of International Educational Relations, American Republics Section, Office of Education, Washington 25, D. C.

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### World Events—Current and Future

(Dates subject to revision)

June 16-18 New York, N. Y.	World Conference of Religion for Moral and Spiritual Support of the United Nations. Church Peace Union.
July London	International Congress for Physical Education, Recreation and Rehabilitation.
September 6-10 Copenhagen	International Union against the Venereal Diseases: General Assembly.
October 15 Rio de Janeiro	2nd Pan American Congress on Social Work.

## NEW EDUCATIONAL METHODS AND MATERIALS

### NOTES ON SOCIAL HYGIENE FILMS, PUBLICATIONS, RADIO PROGRAMS AND OTHER EDUCATIONAL PROJECTS

**Oregon Sex Education Film "Human Growth" Is Welcome.**—A fundamental principle of the social hygiene program is that boys and girls, as a part of education for living, should learn how their bodies develop into maturity, and how life is passed on from one generation to another. Most educators, parents and others responsible for teaching and training youth agree with this principle, but find that accurate and appropriate methods and materials for such instruction are not always easy to lay hands on. The cordial reception given to the new teaching unit, including the film *Human Growth*, recently produced by the Division of Social Hygiene Education of the University of Oregon, with funds provided by the E. C. Brown Trust, is a fresh indication of the interest in and the search for truth regarding this basic education for life. Not only professional social hygiene workers and educators, but the general public as well, have followed closely the progress of this film since its production was begun more than two years ago. Its release in April was the subject of a two-page photographic story in *Life* magazine (issue of May 24) and of announcements in the daily press, and in news magazines and such specialized columns as the *Saturday Review of Literature's Film Forum*.

Social hygiene workers, some of whom had collaborated with Dr. Adolph Weinzirl, Director of the Brown Trust and supervisor of the film project, and his staff, by reviewing and commenting on scenario and advance "rough-cuts," had an opportunity to see the completed motion picture at the ASHA Conference of Social Hygiene Executives in New York, April 1. Dr. Weinzirl also showed the film to staffs of the U. S. Public Health Service and U. S. Office of Education, the District of Columbia Social Hygiene Society and other interested Washington workers.

A number of social hygiene societies have since reported purchase of the film by local Boards of Education, and inquiries at ASHA national headquarters are increasingly frequent.

*Facts about Human Growth.* 16 mm. Running time 19 minutes. Full color, with sound. A set of 20 2 x 2 color slides and a *Teacher's Study Guide* (5 copies) accompany the film.

Planned primarily for classroom use in grades 6 to 9, correlating with course work in the life sciences, health and related subject fields and intended to stimulate natural and easy discussion between teacher and class. Suggested also for use in college courses in teacher training, educational and genetic psychology, health education and audio-visual education, and with adult classes in child psychology, family life education, mental and social hygiene.



Produced in Hollywood by the Eddie Albert Productions, under the direction of Dr. Weinzirl and Dr. Lester F. Beck, Associate Professor of Psychology, University of Oregon and film adviser to the Brown Trust. A group of teachers from the Oregon State Department of Education, the Oregon and Los Angeles, California, Public Schools, and other experienced and interested persons, assisted in planning and advising.

Available to educational and health agencies for purchase, under a license agreement restricting use to "proper educational purposes." Price, \$170. Requests from such agencies for further information should be addressed to Dr. Adolph Weinzirl, Director, E. C. Brown Trust, Division of Social Hygiene Education, University of Oregon Medical School, Portland 1, Oregon. Note that no preview or rental prints are available from this source. Some prints are handled by audio-visual education centers, from which agencies desiring preview or rental prints may inquire.

**Progress in Social Hygiene Education by Radio.**—In the long endeavor to provide accurate social hygiene information through mass education channels, it has not always been possible, even in recent years, when most barriers have fallen away, to count on the air-waves as full allies. Although most local radio stations have been generous with time and have often taken the lead in preparing social hygiene programs, and a good many fine national broadcasts on social hygiene topics and events have gone out over the networks \* the latter have been reluctant about putting on full-sized programs aimed directly towards detailed information of the public on the venereal diseases. The hour-long dramatic-documentary broadcast, announced simply as "VD," sent out over the American Broadcasting Company's network on April 29, therefore marked a milestone. The script, prepared by the ABC staff, in consultation with the U. S. Public Health Service and the School of Public Health of Columbia University, also set a high for skillful blending of sound information and dramatic punch.

Educational value of the broadcast was reinforced by the extensive and favorable comment of newspaper and magazine radio writers. One of these, John Crosby, whose daily *Radio in Review* feature appears in the *New York Herald Tribune* and is widely syndicated, heading his May 10 column *The Conspiracy of Silence*, contributed both a good idea of the broadcast content and some thoughtful comments for future reference:

"Soon after the opening of the American Broadcasting Company's recent hour-long documentary on venereal disease, Kitty, an eighteen-year-old

tramp, walked out on her bus-driver husband, leaving behind the souvenir of syphilis. Unaware that he had the disease, the bus driver, named Herb,

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\* For example, such broadcasts as *We Face a New Day in Public Health*, on Social Hygiene Day, February 2, 1938, when Columbia Broadcasting Company and National Broadcasting Company joined in putting Dr. Ray Lyman Wilbur, Surgeon General Thomas Parran and General John J. Pershing on 57 stations.



went back to his bus. Later a sore bothered him and disappeared. A body rash came and went. He ignored them both.

"There are car cards in Herb's bus warning him that a rosy-colored toothbrush can bring trouble for his gums," remarked George Hicks, the narrator. "But no car card warns him about a copper-colored rash on his body. There are car cards that tell him how not to offend. None tells him how to avoid being some day the father of a syphilitic child, born dead or crippled. The car cards do not warn him. The newspapers have seldom warned him. The radio has almost never warned him."

There is grim irony in this statement, but the very fact that the statement and the broadcast got on the air shows how far we have come in the last few years. The battle against what this program referred to as the "conspiracy of silence" has been long and bitter. Gradually it is being won. Venereal disease has been mentioned in newspapers, guardedly for a quarter of a century, fairly openly since "The Daily News" in New York ran a series of articles on the subject eleven years ago.\*

\* \* \*

As for radio, in 1937 the late General Hugh Johnson, then a radio commentator, was prevented by NBC censorship from delivering a talk in support of a national drive against venereal disease sponsored by Surgeon General Thomas Parran. The disgusted General explained the situation over the air in thirty-eight words and walked out. The event created such a furor that Surgeon General Parran later appeared on General Johnson's program and delivered much of the forbidden material. For a while network policy held that doctors could talk about venereal disease over the air but no one else could. Then a few courageous independent stations ran documentaries on the subject. The ABC broadcast was the first exhaustive treat-

ment of the subject on a national network, and it too is a significant victory in the war against the "conspiracy of silence."

Great pressure was brought against ABC to prevent the broadcast, but nothing like the pressure which would have been leveled against the network ten years ago. Also it's heartening to learn that the reaction has been overwhelmingly favorable. Of the first five hundred letters received by ABC, only one disappointed.

\* \* \*

The broadcast called simply "V.D." was a skillful blend of the general and the specific—long shots of the general problem, close-ups of a few specific victims. We left the disease-harboring bus driver for a moment to trace the history of the medical fight against V.D.: Ehrlich's 606. The brief thrill over sulfa in 1939 followed by gradual disappointment when some gonorrhea germs developed immunity. The wonder of penicillin in 1943.

Then back to Kitty, falling into the arms of a young college student. Fear and ignorance drove him to a quack, who bled him of his money and, more seriously, left him with the impression he was cured when he wasn't. More general information. Only one in three go voluntarily to a doctor or clinic for treatment. This reluctance has led to the development of case-finding techniques of health departments cooperating from city to city to track down the chain of infection.

We pick up the bus driver again. He had married again in one of the ten states—Arizona, Arkansas, Georgia, Maryland, Minnesota, Mississippi, Nevada, New Mexico, South Carolina and Washington—which do not require blood tests (before a marriage license is issued—Ed.). His second wife, Mary, thus caught the consequences of Kitty, and their unborn child would have too but for the eleventh-hour intervention of a health officer. The

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\* EDITOR'S NOTE: For further information on the *Daily News* series, which appeared in January, 1936, an earlier series in the *Chicago Tribune*, October, 1935 (said to be the first full-page feature articles on syphilis to appear in a family newspaper), an April, 1936, series in the *Washington Times-Herald*, and other pioneering efforts in newspaper, radio and film education, see JOURNAL OF SOCIAL HYGIENE, April, 1936, *New Brooms and Old Cobwebs*, and *Social Hygiene Day—A Year Round Project*, April, 1941, both by Jean B. Pinney, and numerous other special articles in other numbers.

bus driver had been traced after a six-month search starting in New York City after the disease had been found in Kitty. But, as the broadcast ended, the college student was still at large, still unaware.

\* \* \*

To the unwitting, the broadcast repeatedly reiterated the symptoms; to the unwilling, it promised—in so far as syphilis is concerned—a speedy cure. Medical science has largely done its part; the rest is a matter of public

education. The program was not altogether perfect. There were traces of sticky sentiment which cheapened the problem. Also, the broadcast carefully skirted prevention and kept its eye fixed on cures.

Nevertheless the ironic message of Mr. Hicks quoted above is steadily becoming obsolete in the dawning age of enlightenment on venereal disease.

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The *New York Post's* radio editor, Paul Denis, recently published a review of the whole situation regarding radio education and social hygiene. In his column for June 2, he said, under a headline *Sex Is Here to Stay, and Radio Finally Admits It*:

Sex, for years a forbidden subject, has apparently persuaded radio that it's here to stay. . . . More and more, broadcasters are discovering that the listening public is openminded—even eager—for well-planned, thoughtful, serious talk about sex.

A survey just completed by Station WMCA (New York) reveals that in every instance where sex has been discussed in radio, the response has been overwhelmingly favorable. In fact, the only opposition usually comes before the broadcast, when organized groups try to scare off the station and the speakers. But, after the broadcast, the mail is usually 100 per cent favorable.

For instance, ABC network's documentary on venereal disease April 29 brought hundreds of congratulations and only six critical notes. Dr. Luther Woodward's *Inquiring Parent* offered four programs on sex education, recently on WMCA, drawing its biggest fan mail, without a single complaint. Junior Reporter's two programs on WNBC, in which youngsters discussed petting, control of sex urge, etc., drew only one critical letter out of 45. WMCA's panel discussion of the Kinsey Report drew a big mail response, all favorable.

Possibly the most ambitious sex-education program was carried by WEEL, Boston, in 1946. The series was called *Sex Guidance for Youth*, and two outstanding male specialists interviewed a woman authority each week.

The topics were: *Giving Your Baby a Good Start*; *The First Six Years*; *Questions Children Ask and Don't Ask*; *Those Teen-age Years*; *Puppy Love*; *What Is Love?*; *Looking Ahead to Marriage*; *Avoiding Pitfalls*; *Whose Job Is It?* The reaction was overwhelmingly favorable.

This series was sponsored by the Massachusetts Society for Social Hygiene. Along with the Planned Parenthood Federation, the various state social hygiene societies do the most to bring sex topics to the air.

The problem, apparently, is how to avoid confusing sex guidance with birth control, to which there is powerful opposition. Sex Guidance, when presented by recognized authorities, is being increasingly accepted as "respectable talk" that can be sent over the radio and into your home.

New York has been increasingly receptive to marriage and sex guidance talks. Jinx Falkenburg and Tex McCrary have talked about venereal disease on WNBC. John K. M. McCaffery, also on WNBC, was the first to offer radio criticism of the Kinsey Report. He has attacked black market baby rackets, and recently discussed whether sex education should start at the home or at the school.

*Doorway to Life*, on CBS, has gone into such subjects as the facts of life, sexual maladjustment. *The Second Mrs. Burton*, on CBS, has guest speakers who give marriage and home advice.

Washington, D. C. radio stations are among those most frequently and fully putting social hygiene on the air. A fine cooperation



exists between the Educational Directors of the several local stations, the District of Columbia Social Hygiene Society and the Metropolitan Department of Health, which regularly produces results. Recently, as mentioned elsewhere in this number of the JOURNAL, Station WMAL-TV put on what was stated to be the first televised broadcast on social hygiene, with Ray Everett, D. of C. Society Executive Secretary, being quizzed by two young couples on marriage counseling. (*Quizzing the Marriage Counselor*, June 10.) Ruth Crane and Jackson Weaver who conduct WMAL-TV's women's activities, in featuring this presentation on *The Modern Woman* program, made a worthwhile contribution to the work of social hygiene.



#### QUIZZING THE MARRIAGE COUNSELOR

R. H. Everett (center), being quizzed by Jeanne Strobel, James Higbee and Mr. and Mrs. Robert Stewart (seated). Ruth Crane and Jackson Weaver of WMAL-TV (standing).

*Focus* is the name of **National Probation and Parole Association's** new magazine, the first issue having appeared in January, 1948, and merging two former periodical publications, *Newslet* and *Probation*. *Focus* has a 7 x 10 inch format, an uncluttered cover design, and is planned to run 32 pages, including original papers, professional news and other pertinent content. Marjorie Bell, editor, says "a la New Look we have lengthened our hemline and taken on extra fullness and a wider flare . . . using new materials and design but keeping the best of the old style. . . . The name suggests the hope that the magazine will sharpen our perceptions and enhance the clarity of our vision." *Focus* is published every other month. Subscription price \$1.50 per year, free to members of NPPA (1790 Broadway, New York 19, N. Y.)



## THE JOURNAL OF SOCIAL HYGIENE AS PERMANENT REFERENCE MATERIAL

The JOURNAL, a 48 page—or more—magazine, published monthly from October to June, is available to Contributing and Library members of the Association without charge other than the annual dues.

The Editors make a constant effort to publish articles and material of lasting value as well as current interest. The issues listed are recommended for parents, teachers, librarians, pastors, social workers, physicians, nurses and students of social hygiene. Additional lists of available numbers will be sent on request.

### VOLUME 31 (1945)

No. 6—Twelfth Annual Library Number—*Social Hygiene A Generation Ago*, Jean B. Pinney—Book Reviews.

No. 8—The National Postwar Program in Action—Editorial: “*Stay Strong, America!*”—*The War Against Prostitution Must Go On*. A report by the staff of the ASHA—*Our Strength Is in United Action*, Thomas Devine—*The Venereal Disease Heritage of World War II*, John W. Ferree and Howard Ennes—*Current Army V.D. Rates*, Thomas H. Sternberg and Ernest B. Howard—*The Army V. D. Education Program for Demobilization*, Granville W. Larimore—*The Postwar Syphilis Control Problem in the U. S.*, J. R. Heller, Jr.—*Education for Case-finding*, Judson Hardy.

No. 9—Social Hygiene Day Number—*Social Hygiene in Relation to the Future of the Family*, Ray Lyman Wilbur—*Time Is Short to Meet Our Obligations*, Howard W. Ennes—*Next Steps in Public Education: A report of the U. S. Public Health Service Advisory Committee to the Surgeon General on public education for the prevention of venereal diseases—Prostitution, Crime and Juvenile Delinquency—Towards a New Way of Life: A progress report on work with prostitutes and promiscuous girls in Baltimore*, Mazie F. Rappaport—*Penicillin: Help or Hindrance in V. D. Control*, Walter Clarke.

### VOLUME 32 (1946)

No. 9—Social Hygiene Day Number—Editorial: *Out of the Shadow?—Prevention Is the Watchword!*, Vice Admiral Ross T. McIntire—*Health of the Army*, Major General Norman T. Kirk—*Working Together to Stamp Out V. D.*, Walter Clarke—*The Moral Equivalent for Law Enforcement*, Charles W. Noble—*What Do Young People Want in a Marriage Partner?* Mirra Komarovsky.

### VOLUME 33 (1947)

No. 1—1946 in Review—Editorial: *1946 in Review—A Year of Transition from War to Peace: Annual Report of the American Social Hygiene Association for 1946*, Walter Clarke.

No. 2—Postwar Progress Against Prostitution—*Unfinished Business*, Alan Johnstone—*Is Commercialized Prostitution Returning? Six charts analyzing results of ASHA community studies—Are We Holding Our Own Against Prostitution?*, Bascom Johnson—*Milestones in the March Against Prostitution*.

No. 3—Thirty-fourth Anniversary Number—Sir Sidney West Harris, Snow Award Citation—“*We Are for the Family*”, President Wilbur’s Message—*The Thirty-fourth Annual Meeting—Why Women Are Interested in Social Hygiene*, Edith Adams Ritchie—*What Radio Can Do for Social Hygiene*, J. Reagan “Tex” McCrary—*Proceedings of the Annual Business Session—What the American Social Hygiene Association Is and Does*, Walter Clarke.

**No. 4—Marriage and Family Life Today—***Marriage and Divorce in the U. S. Today: proceedings of a session of the N. Y. Regional Conference—The Family and Civilization*, Carle Clark Zimmerman—*Marriage and Family Counseling: Whose Job Is It?* A Panel Discussion; Frank Hertel, M. Robert Gomberg, Charles F. Marden, Mrs. Emily H. Mudd, Robert W. Searle, Hon. Theodore Stitt, George S. Stevenson.

**No. 5—Social Hygiene and the Atomic Age—**Editorial: *Sex and Character—Is Man Obsolete?*, J. R. Heller, Jr.—*Ideals in Social Hygiene*, A. M. Schwitalla, S.J.—*The Family Responsibility in Social Hygiene*, James H. S. Bossard—*Marriage in the Modern World*, Bradley Buell.

**No. 6—Fourteenth Annual Library Number—***Highlights in the History of Syphilis*, Paul Le Van—*Essentials in the VD Control Program*, Eugene A. Gillis—*U. S. War Department Venereal Disease Control Program*, Louis N. Altshuler—*V. D. Control in the U. S. Navy*, George W. Mast—*Reviews on Books of General Interest, Sex Education, Marriage and Human Relations, Health Education, Law Enforcement, Legislation and Social Protection, Medical and Public Health Activities.*

**No. 7—Community Action Number—***Armed with Resolution—Social Hygiene Education in Colorado Congress of Parents-Teachers*, Mrs. A. A. Wearer—*Social Hygiene—A Parent-Teacher Obligation*, Mayola S. Center—*A Community Family Life Institute*, P. K. Houdek—*Community Concern for Social Hygiene Futures*, Mrs. Meredith Nicholson, Jr.

**No. 8—Psychiatric Factors in Social Hygiene Problems—***“Find the Missing Million”*, Walter Clarke—*Venereal Disease Anxiety Among Soldiers*, Morris A. Wessel and Bernard D. Pinck—*The Problem of Syphilis as Seen by the Veterans Administration*, Bascom Johnson, Jr.—*The Problems of the Occupation Soldier*, Dora Jane Hamblin—*A Psychiatrist Looks at Sex Offenses*, Philip Piker—*Intoxication, A Factor in Venereal Disease Infection*, Joseph Hirsh.

**No. 9—Social Hygiene Day Number—***“The Compleat Case Finder”*, *The practical epidemiology of syphilis and gonorrhea in New York City*, Theodore H. Rosenthal, M.D.—*The Function of Rapid Treatment Centers*, Evan W. Thomas M.D.—*Sex Education or Social Hygiene Education in Schools in Forty Cities*, Jacob A. Goldberg—*Law Enforcement Progress During 1947*, Paul M. Kinsie—*Serological Tests for Industrial Workers*, Walter Clarke.

### VOLUME 34 (1948)

**No. 1—Faith, Works, and Social Hygiene Progress—***Morals, Ethics and the Purposes of Sex*, Seward Hiltner—*“A Song to March To”*, Esther E. Sweeney—*Reaching the People in “Unorganized Groups”*, H. Garrick Williams—*New Gateways to Family Service*, Frank J. Hertel—*“European Diary”*, Jean B. Pinney.

**No. 2—International Number—**Editorials: *Towards Better World Health . . . The International Union against the Venereal Diseases Passes Quarter-Century Mark—International Aspects of the Venereal Disease Problem*, Thorstein Guthe, John C. Hume et al.

**No. 3—Annual Report Number—***Has the Tide Turned? Annual Report of the ASHA*, Walter Clarke—*Venereal Disease in One World*, J. R. Heller, Jr.

**No. 4—Thirty-fifth Anniversary Number—**William Freeman Snow Award for Distinguished Service to Humanity Presented to Philip R. Mather—*The Association's Thirty-fifth Annual Meeting—Program, Annual Meeting and New York Regional Conference—Are We Stamping Out Syphilis?*, Thomas Parran—*Thirty-fifth Annual Business Meeting.*

**No. 5—New Developments in Army and Civilian Health Programs—**Editorial: *Soldiers Are People*, Walter Clarke—*Social Hygiene at the Universal Military Training Experimental Unit*, Major General John M. Devine—*Venereal Disease Control in the First Army Area*, Captain George J. Carroll—*Penicillin in the Venereal Disease Control Program*, Thomas B. Turner.

**No. 6—Fifteenth Annual Library Number—***Education for Personal and Family Living*, J. A. Goldberg, Editor—*Reviews on Books of General Interest, Sex Education, Marriage and Family Relations, Health Education, Law Enforcement, Legislation and Social Protection, Medical and Public Health Activities.*

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## BOOK REVIEWS

### Books of General Interest

**LIFE IS FOR LIVING.** D. Ewen Cameron, M.D. The Macmillan Company, New York, 1948. Pp. 241. \$2.75.

The author is Professor of Psychiatry at McGill University in Toronto. In this volume he puts his knowledge and experience at the service of the poor bedeviled man—and woman—groping through a tangled maze of superstitious, time-worn dogmas, and hide-bound rules of conduct for a new and better way of life. In the course of his discussions of the problems involved, Doctor Cameron strikes many a note that will ring true to the ear of the social hygiene worker. "Let us agree," he says, "that if the social institution of marriage is going to be preserved, something has got to be done about it. . . . If we are going to continue the bringing up of children in families, we will have to find some solution to the divorce problem. . . . What can be done? Has social inventiveness nothing to offer? We can start off by saying that what we will aim at is better marriages, and anticipate from this fewer divorces. . . . Now there is nothing in our lives which is as much a test of our capacity to manage interpersonal relations as marriage. Yet we let adolescents, whom we wouldn't trust to direct traffic at Main and Elm, start in to run this relationship which is so difficult that about one out of three break down. We provide him and her, with no preliminary information, and indeed expose them to ideas about human nature which are dead, dangerous, and destructive. Why should they not have as a preparation for marriage reasonably workable concepts of human nature? We still talk rather self-consciously of teaching the facts of life—why not the facts of living?" Social hygiene workers, with their sights aimed at developing *attitudes* rather than teaching *facts*, will echo Doctor Cameron's "why?"

ELEANOR SHENEHON

**TOWARD PUBLIC UNDERSTANDING OF CASEWORK.** By Viola Paradise. New York, The Russell Sage Foundation, 1948. 242 pp. \$2.00.

This book is in itself a case history—a highly readable yet carefully documented study of how casework agencies in Cleveland have endeavored over the years to increase public understanding of their services.

The scope of the book is as broad as the term "public relations" for it encompasses every highroad to improved understanding. After a description of shifts and changes in casework from the old charity days to the psychiatrically oriented casework of today, the author shows how public understanding can be bettered through a dozen different channels. She treats successively the role of the individual staff member, the use of public opinion polls, special efforts and campaigns to increase public interest, and interpretation of casework through the newspapers and schools. A copy of the questionnaire used in the opinion poll and a case presentation used before community groups are included in the appendix. All of this is invaluable reading for any social agency and practitioner in public persuasion.

If there is a flaw in Miss Paradise's efforts it would rest in the fact that one finishes the book feeling that it's all too good to be true. One gets too little insight into the failures of the Cleveland agencies to reach their objective of full public understanding and what might have been done which has been left undone.

Still if all our community agencies were to travel half the road described in this volume, there is every reason to believe we would be faced with little of the skepticism and ignorance still confronting social agencies of all kinds today.

JAMES H. SCULL,  
*Director Public Relations*  
*Family Service Association*  
*of America*

FRONTIERS IN HUMAN WELFARE. The story of a hundred years of service to the community of New York. 1948. Community Service Society of New York. 83 pp.

This handsome brochure, prepared in connection with the Society's recent centennial celebration, is far from being merely a recital of history and achievements. The facts and figures are there, of course, starting with the incorporation of the Association for Improving the Condition of the Poor in 1848, moving on to the organization of the Charity Organization Society in 1882, and describing the growth in unity of purpose and program which led to the merger of the two agencies in 1939 under the name of Community Service Society. The list of "contributions to New York's health and welfare" in terms of research, surveys, reports and action is impressive. But what illumines this story is the vision, faith and perseverance of the men and women who made—and are making—these contributions possible. The five Chapter headings are drama in themselves: *I. The Moral Urge, 1842-1882*; *II. The Age of Reason, 1882-1916*; *III. The Rise of the Individual, 1916-1939*; *IV. Community Service Society 1939-1945*; *V. Today and Tomorrow*. The CSS, with such a record behind it, may well face its second century, in the words of the last paragraph of this stirring report, "strong in the belief that it has a vital job to do," and that the community which it serves "will continue to give it the vigor of their united purpose to increase opportunities for the health and security of family life."

JEAN B. PINNEY

PROCEEDINGS OF THE NATIONAL CONFERENCE OF SOCIAL WORK—1947. Selected Papers Seventy-fourth Annual Meeting, San Francisco, California. Columbia University Press, New York. Editorial Committee: Gertrude Springer, Chairman; Kenneth L. M. Pray, Maude Barrett, Paul L. Benjamin and the late Howard R. Knight, ex-officio. 484 pp.

The *Proceedings* contain forty-eight papers selected from the 140 odd presented at the San Francisco Conference of April, 1947. Taken as a whole they present the thinking and experience of leaders in the field of the social

sciences about the problems of people living together in the modern world. The Presidential Address by Arlien Johnson discusses *Science and Social Work*. Other papers are grouped under eight headings: *International Aspects of Social Work*; *National Economic and Social Issues*; *Responsibility of Government*; *The Citizen Organizes for Social Welfare*; *Concepts and Trends in Casework*; *Particular Areas of Social Work* (child welfare, delinquents, aged, social group work and recreation); *Education for Social Work*; and *National Mental Health*. Of special interest to social hygiene workers will be Dr. Margaret Mead's *What Is Happening to the American Family?*, the sections on community organization and the delinquent, and Miss Frances T. Levinson's *Counseling in the Family Agency*.

ELEANOR SHENEHON

PAMPHLETS THAT PULL. Alexander L. Crosby. New York. National Publicity Council for Health and Welfare Services. 1948. 32 pp. \$1.00.

This is another of the "how-to-do-it" series issued by the Council in the past few years. The present item upholds the reputation of previous handbooks such as *How to Make a Speech and Enjoy It*, by Helen Partidge, *Planning Your Meeting*, by Ruth Haller, and *Radio—How, When and Why to Use It*, and sets a few high marks for itself. Unlike some authors who repeatedly describe a certain character as brilliant, witty or clever, but never produce the evidence in dialog or action, Mr. Crosby practices what he preaches, clinching his arguments by making his treatise extremely attractive in appearance, highly readable, and right to the point in practical detail. The headings of his text speak for themselves—*How to get a reader—How to keep him—Be specific—How long? Large type is lovely*—(but what to do, Mr. Crosby, when the budget limits space to 12 pages, and authors refuse to be cut 15%?)—*Layout and art—Printers and other evils* (for some printers read blessings)—*Mostly about money*.

Even an old pamphlet-hand can keep this one on the reference shelf to advantage.

JEAN B. PINNEY



**TRENDS IN SOCIAL WORK, AS REFLECTED IN THE PROCEEDINGS OF THE NATIONAL CONFERENCE OF SOCIAL WORK, 1874-1946**, Frank J. Bruno, Columbia University Press, New York, 1948. 387 pp. \$4.50.

The author, having been chosen by the National Conference of Social Work for the task, has made a detailed study of the documentary material of the Conference and written this volume as a general history of the social work movement. He traces the development of movements, legislation, attitudes, and techniques, pointing out the personalities involved and the part they have played.

The author divides the book into three parts, showing the historical de-

velopments of each period: First period 1874-1898, second period 1898-1924 and third period 1924-1946.

Although the material is organized from a historical point of view the author throughout offers constructive criticism and insight into some of the problems that remain to be worked out in the social work field. As emeritus head of the Department of Social Work at Washington University and as a professional worker of forty years experience, he is well qualified to write the history of the movement. Students, professional social workers and the general reader who is interested in social problems will enjoy and value his book.

E. B. R.

### Books on Sex Education, Marriage and Human Relations

**HOW LIFE IS HANDED ON**. Cyril Bibby. New York, Emerson Books, Inc., 1947. 159 pp. \$2.00.

In this charmingly written book Cyril Bibby has made a real contribution to the literature in this field. It is intended primarily for children and young adolescents, but parents, teachers, and youth leaders will find it invaluable.

Through the eyes of the biologist, the author helps the young reader realize that all life comes from life. Man is discussed as a natural part of this pattern and finally the individual is led to understand something of his own particular place in this great plan.

The facts of reproduction are presented in a scientific straightforward manner. That the author wisely anticipates the questions children ask is indicated by the chapter headings: *Babies at Birth, How Many at a Time? The Mother's Part, From Egg to Baby and The Father's Part*. Well-chosen illustrations and comparisons with the animal world add to the clarity of this section and help the child universalize the facts.

The latter part of the book is concerned mainly with family relations. Problems of growing up, getting along with others, and the role of the family in the developmental process are con-

sidered. Current social changes which bear upon family life and the individual members of the family are described in effective fashion well within the grasp of the child.

The final chapter is given over to answers to questions gleaned from children who had read the book before publication.

To the inquisitive child the appendix offers a veritable mine of suggestions for further exploration: *Things to Do, Other Books to Read, and Some Films to See*. A glossary, an index to plant and animal names, and a general index add to its practicality. Numerous attractive illustrations enrich the text and contribute to the general charm of the book.

ELIZABETH MCHOSE

**EGG TO CHICK**. Millicent E. Selsam. A Young World Book. International Publishers Company, Inc. New York, 1946. 30 pp. \$1.00.

**FROM HEAD TO FOOT—Our Bodies and How They Work**. Alex Novikoff. A Young World Book. International Publishers Company, Inc. New York. 1946. 96 pp. \$2.00.

These two books are attractive and useful publications which are needed. *Egg to Chick* was designed to show second and third grade children the



stages of development from an egg to the fluffy, yellow chick, to the hen who "lays more eggs which grow into more chicks which"—(children finish the cycle).

The simple, fascinating presentation with accurate drawings in three colors, the illustrations showing that animals grow from egg cells, with the casual comment that "people too grow from egg cells," plus the inclusion of the mother hen and the father rooster as essential for the coming of the baby chick, make this book of real value in unfolding the story of reproduction and family life.

*From Head to Foot* is a unique, up-to-the-minute, well illustrated physiology that will intrigue Junior High level pupils. The colored illustrations and such appealing descriptions of the various systems as—*From Mouth to Cells, Protein Life Savers, Rh for Monkey, Boy or Girl, Half Way There, Boy to Man, A New Person, Chemical Traffic Cops, The Thinking Animal, The Truth About Instincts, The Problem of the Bananas, Human Beings*—cannot fail to interest adolescent boys and girls. It is a text or reference book which includes elementary reproduction as part of the normal functioning of the human individual. Parents and teachers alike will profit from this new and captivating understanding of how our bodies function.

MABEL GRIER LESHER, M.D.

CHILD CARE AND TRAINING. Marion L. Faegre and John E. Anderson. Minneapolis, The University of Minnesota Press, Seventh Revised Edition, 1947. 310 pp. \$3.25.

The seventh edition of *Child Care and Training* brings up to date a handbook that has enjoyed considerable prestige since its pioneer appearance in 1928.

The book presents simple factual information about the physical growth and psychological development of young children. A bibliography of books and pamphlets, a list of books for children and sources of other such lists are included. Questions at the end of chapters enhance the value of the book for study purpose at an elementary level. Photographs of children provide attractive illustrations.

In the new edition, individual differences, emotional factors in development and the importance of the family receive increased emphasis. There is a warmer appreciation of the young child's emotional needs but the presentation retains its academic flavor. This is particularly noticeable in the chapter on learning which sets forth in impractical detail old chestnuts of experimental psychology.

Newer concepts of self-regulated feeding for infants, postponed toilet training, a more relaxed attitude toward masturbation are cautiously discussed. It would have been helpful if the authors expressed their conclusions about this controversial data more clearly and referred readers directly to current discussions of these problems. The general bibliography too could have been improved with more careful revision. Old editions are cited and some recent material is missing. This is the more regrettable as *Child Care and Training* serves as a useful bridge between the research field and the nursery at home.

MARGARET MEIGS  
Educational Associate  
Child Study Association  
of America

UNDERSTANDING SEX. Lester A. Kirkendall. Science Research Associates, Chicago, Ill. 1948. Pp. 48.

In this pamphlet, the author has briefed most of the general sex information and philosophy useful to youth for whom it was written. Best of all he hasn't made it dry or pedantic, nor has he "written down" in an attempt to demonstrate familiarity with today's juke-box brigade. His monograph is considerably the best we have encountered in many months.

Pubertal changes, boy-girl relationships, attitudes and behavior, courtship—with its petting and premarital experimentation problems, engagement, and marriage are all dealt with in straightforward, interesting terms. All are tempered by Kirkendall's experiences as teacher, scientist and parent.

We like particularly such simple yet graphic illustrations as this (under the heading "Know the dangers of drinking on dates"): "To mix liquor and dating is just as likely to produce harmful outcomes as to mix liquor and

driving." Or this bit of advice to girls regarding the genus homo Casanova: "His 'line' is usually 'If you loved me, you would.' Yet a moment's thought should make it clear that this is not an argument of love."

Some will disagree with the author when he says reproduction "is not so important to the individual, but is very important to society." Also with his broad statement regarding homosexuals, "Such persons behave in this manner not because they have decided to do so, but because various circumstances prevent normal progress in emotional growth and development." But these are minor matters for dispute compared with the general excellence and value of the brochure.

RAY H. EVERETT

**PERSONAL AND HOME PROBLEMS.** Catherine T. Bryden, Assistant Professor of Home Economics Education, State College of Washington. Burgess Publishing Company, Minneapolis, Minn., 1947, 160 p.

**CHARACTERISTICS OF ADOLESCENCE.** Dorothy Maclary Schnell, Assistant Professor of Home Economics, University of California, Santa Barbara College. Burgess Publishing Company, Minneapolis, 1946. Loose leaf. 68 p. (Mimeographed.)

Courses for high school students on *Family Relationships*, *Social and Family Relationships*, *Home Relations*, etc., have been offered for many years. The author of *Personal and Home Problems* suggests that these courses have been inadequate in many instances, with overstress on personal appearance and social courtesy, and omission or inadequate treatment of real life problems of individual and group adjustment and conflicts in a rapidly changing world.

This text is prepared to guide teachers of home relations, home economics, family life education; counsellors, and other leaders of high school boys and girls. The material is divided into 14 units, covering, among others, the subjects of history of the American family, successful home and family living, growing up socially and emotionally, family tensions, home management and preparation for marriage. It is interesting to note that Unit 1 opens with

a discussion of *Why the Present-Day Emphasis on Family Life Education?* Adequate reading lists and topics suitable for discussion are included. Self-appraisal schedules on mental health, habits, social responsibility and related topics are also incorporated, as well as suggestions for teachers, and a fairly complete bibliography.

While this processed, loose-leaf manual is intended primarily for high school teachers, it should prove to be helpful to many workers in the social hygiene field.

*Characteristics of Adolescence* covers, in outline form, physical, mental, emotional, social and moral characteristics of adolescents in four age groups: pre-adolescence (10-12), early adolescence (13-15), middle adolescence (16-18), and late adolescence (19-21). A useful reference list is included. In a revision of the data, more attention might be placed on the emotional characteristics. In the 10-12 age group only fear and love are included under the emotions; in the other three categories fear, love and anger are mentioned. For a teacher in a course on health and human relations, or a school counselor who needs a guide on the development of adolescents in the five areas mentioned, this serves as satisfactory source material.

JACOB A. GOLDBERG

**SO YOUTH MAY KNOW.** Roy E. Dickerson. Association Press, 1948, 261 p., \$2.50 (new, revised edition).

The first edition of this book was published in 1930, and in the intervening years it has gone through a number of printings—a real mark of its worth and usefulness to thousands of 'teen-agers who have now grown to manhood. The original sub-title of the volume was *New Viewpoints on Sex and Love* and in the revised edition this has been changed to *Sex Education for Youth*.

A careful comparison of the two editions reveals that several changes, rendered imperative by scientific advances since 1930, have been made. These relate particularly to concepts relating to the hormones and advances in the treatment of gonorrhea and syphilis.



A major change in the text relates to the transposition of the sections on prostitution, gonorrhea and syphilis, and masturbation, to the appendix section of the book. Apparently, the author thought it best to deal with the positive aspects of sex life in such a way as to place major emphasis upon them. Negative implications, as evidenced by the subjects mentioned, are included at the end of the book. Social hygiene thinking has progressively moved to the positive educational approach. From this point of view the changes have been most worthwhile. The volume has deservedly been widely accepted and extensively used, and the revised edition is highly recommended for teachers, parents and 'teen-agers. The book has no index, but this may not be a major lack in a text intended primarily for 'teen-agers.

JACOB A. GOLDBERG

THIS MAN AND THIS WOMAN. Frederick W. Brink. Association Press, New York. 1948. 79 pp. \$1.50.

For persons approaching marriage this book sketches a philosophy of husband-wife relationships and gives practical points of counsel. The author differentiates between materialist, romanticist and religious-realistic philosophies. Finding the last-named the most adequate and satisfying he points out that it recognizes the facts of the biological nature of human beings and also includes that part of life which is represented by ideals and religious sentiments.

Four practical supports of marriage are pointed out, namely, an un-hasty choice, a recognition of more than physical attraction, an intention to make the comradeship lifelong, and the recognition of God. "By including God," he says, "in the decisions and plans of the home desire will be lifted out of the materialistic level and romantic affection will be turned into permanent love." (P. 18.)

The engagement period is discussed helpfully as a time of better acquaintance and harmonizing of plans and viewpoints. Five decisions to be made in this period are pointed out: about finances, regarding the home, regarding religious practices, concerning the wedding and honeymoon, and the de-

cision as to sexual union. The author finds good reasons why sexual union should be reserved for marriage.

Pointing out the values in a religious ceremony the author sees marriage as taking place in the presence of God and with an attitude of cooperation with God, and looking toward a lifelong relationship. Some major points on the etiquette of marriage are offered.

Two chapters deal with the sex relationship in marriage, giving a fine presentation of the meaning of sex in marriage and recognizing that sexual adjustment is likely to require time and mutual understanding. In this relationship husband and wife should "be ready to give themselves without reserve to each other." (P. 50.) Some suggestions are given as to preparation for the occasions of sexual union. These chapters should be a help to persons who have not learned to think wholesomely and reverently about the sacredness of marriage.

Closing chapters deal with *The Home of a Successful Marriage*, and *Marriages That Involve Different Religious Faiths*. A successful marriage is characterized by fellowship of husband and wife, by the desire for children, and having an adequate family in due time, and by recognizing God's help in the experiences of the home.

Any engaged couple should profit by reading this book, and much of it is equally valuable for readers who are married.

LELAND FOSTER WOOD

MARRIAGE AND THE FAMILY. Meyer F. Nimkoff. Houghton Mifflin Company, New York. 1947. Pp. 767. \$5.00.

This volume by Bucknell University's scholarly sociologist was prepared to displace the author's earlier text on "The Family" with one that combines the traditional outline of the family as a social institution and the newer material dealing with marriage and parenthood. "Why give separate courses," he asks parenthetically, "when the two may be advantageously combined?"

Ogburn's editorial introduction cites the author's balance, reliability, and



exceptional clarity of style. All these and many other desirable qualities are evidenced in his new opus. He has woven into its fabric the results of much modern research by scientists made during the twelve years since his original text was published. He has delved into monographs appearing in a myriad authoritative sources and has summarized their gist. To these he has added plates, tables, questions for discussion, topics for reports, and selected readings—all carefully chosen, interestingly presented, and well indexed.

As a text for college courses, Nimkoff's work is one of the newest and best; as a reference book for marriage counselors it is replete with useful data. In brief, it is a substantial volume and a real contribution to the armamentarium of literature available for sound marital guidance and a thorough insight into familial folkways and mores.

RAY H. EVERETT

**THE MARRIAGE READER.** Edited by Samuel G. Kling and Esther B. Kling. The Vanguard Press, Inc., New York. 1947. Pp. 489. \$3.00.

This anthology of marital lore is a compilation of articles and excerpts from books, some old, some recent. Like most anthologies, its literary fabric is of uneven texture. This is easily understood when one notes that the thirty odd authorities cited range from Balzac and Benjamin Franklin on down to Groves, Exner, Bertrand Russel, Eleanor Roosevelt and Havelock Ellis.

In their foreword the editors make a number of unqualified statements, the authenticity of which seems doubtful. We would class as sensational rather than scientific, such claims, for instance, as "Each year every fourth marriage ends in the divorce courts" and "almost half our marriages are dismal failures even when not officially stamped as such by a decree of divorce." Neither can we find much excuse for such expressions as "the man who rapes his wife."

The collection contains much meritorious material but many marriage counselors, social workers, ministers, librarians and others who are called on for advice in complex marital situations,

will prefer their Exner, Popenoe, Groves, Ellis et al. undiluted. Perhaps this opinion is based on the reviewer's own preference for taking his authors straight rather than mixed.

RAY H. EVERETT

**SUCCESSFUL MARRIAGE.** Edited by Morris Fishbein, M.D. and Ernest W. Burgess, Ph.D., Doubleday & Company, Inc., Garden City, New York, 1947. 547 pp. \$6.00.

The sub-title of this book well describes its contents: *An Authoritative Guide to Problems Related to Marriage from the Beginning of Sexual Attraction to Matrimony and the Successful Rearing of a Family.* The 38 contributing authors, representing the fields of gynecology, sociology, adult and child psychology, psychiatry, public health, economics, anthropology and others, include most of the best-known and established writers and workers in the marriage field.

The editors divide the book into five parts: *Preparation for Marriage, The Marriage, Conception, Pregnancy and Childbirth, The Child in the Family and Social Problems of Sex and Marriage.* The latter section will be of most interest to social hygiene workers, although earlier chapters by Dr. Burgess, Dr. Robert L. Dickinson, Dr. Thurman B. Rice and Dr. Abraham Stone are to be particularly recommended as well. In *Section V*, Walter C. Reckless of Ohio State University writes on *Prostitution in the United States*, Dr. R. A. Vonderlehr on *Veneral Diseases*, and Muriel W. Brown, consultant in Family Life Education, U. S. Office of Education, contributes an interesting chapter on *Education and Family Life.*

An unusually comprehensive index, copious notes and several bibliographies add to the value of the book, particularly for professional workers. A possible drawback for lay readers who need guidance is the lack, necessarily unavoidable in a symposium including a variety of viewpoints, of unified philosophy as to what makes for successful marriage and family life, but this, of course, is beyond the intent of the editors.

E. B. R.

### Books on Health Education

#### MOTIVATION IN HEALTH EDUCATION.

The 1947 Health Education Conference of the New York Academy of Medicine. New York, Columbia University Press. 1948. 54 pp. \$1.00.

The annual discussions on health education sponsored by the New York Academy are milestones in the march of this fascinating and difficult expedition in public information. In this slender volume reporting on the 1948 Conference four authorities who have been concerned with this field from the start look backwards, forwards and straight down the middle. Dr. Iago Galdston, Secretary of the Academy's Committee on Medical Information, discusses *The Problem of Motivation in Health Education*. Dr. W. W. Bauer, long-time Director of the American Medical Association's Bureau of Health Education, speaks on *Changing Patterns*. Dr. Lawrence S. Kubie, Clinical Professor of Psychiatry and Mental Hygiene, Yale University School of Medicine, discusses *Myths and Resistances*, and Margaret Mead, writer, lecturer and anthropologist, concludes the symposium with some comments on *Positive Motivations*, particularly as these relate to nutrition and health.

No man, or woman, can say surely today, any more than in the beginning, just what health education methods are most effective, or how much of the information so painstakingly devised and carefully aimed hits its mark. As Dr. Donald B. Armstrong says in a foreword, "Knowledge generally out-distances behavior and most humans do not 'live up' to their understanding. . . ." But every airing of fact and theory, every attempt to measure progress, is all to the good, and the reader, whether or not a health educator, will find food for thought here. Social hygiene workers will be especially interested in Dr. Kubie's remarks on confused areas of myth centering around sexual functions.

JEAN B. PINNEY

#### HEALTH INSTRUCTION YEARBOOK—1947.

Compiled by Oliver E. Byrd. Foreword by Clair E. Turner, Stanford University Press, 296 pp. \$3.00.

This is the fifth annual issue of this publication which provides the reader with a wealth of helpful information drawn from health articles published during the year. The magnitude of the venereal disease problem in this country is testified to by the fact that gonorrhea and syphilis ranked second and third on the list of reportable diseases in 1946, being outranked in importance only by measles, according to official public health reports quoted. Other references include a progress report on gains in the fight against the venereal diseases by Walter Clarke, M.D.; a report of a recent study of syphilis and gonorrhea in young people in Cincinnati, by Roy E. Dickerson; and resumé of the working of premarital blood test laws in Connecticut and New Jersey, by Henry P. Talbot, M.D. and John Hall respectively.

Social hygiene workers will also be interested in the marriage and divorce statistics quoted, the data on age of marriage in the United States, and the tabloid version of *What Young People Want in a Marriage Partner*, briefed from Mirra Komarovsky's article in the JOURNAL OF SOCIAL HYGIENE. The JOURNAL is also the source of a statement on the new French law repressing commercialized prostitution, as well as an abstract of an article by Joseph Lichstein of the Health League of Canada on prenatal and premarital blood testing in the Commonwealth. The two latter items appear in the chapter on International Health, a presentation which includes, among other pertinent data, the Constitution of the World Health Organization.

A new feature of this volume this year is an alphabetical listing of the ninety-five periodicals from which the abstracts were prepared.

ELEANOR SHENEHON



## Books on Legal and Social Protection

UNIFORM CRIME REPORTS FOR THE UNITED STATES AND ITS POSSESSIONS. Issued by the Federal Bureau of Investigation, Washington, D. C. Volume XVIII, Number 2, Annual Bulletin, 1947.

Rape, forcible and statutory, according to J. Edgar Hoover in the 1947 Annual Bulletin—Uniform Crime Reports, ranks high among the crimes committed in the United States and its possessions.

This crime of violence rose sharply during the war period (1942–1945) to a point of 26.9 percent above the average for the four years (1938–1941) preceding the war, and continued to increase in 1946 to 42.9 percent, reaching the all-time high of 48.3 percent in 1947 “with practically no tendency to decline or level off.”

Other offenses against the person reflected decreases in 1947 over 1946, but rape gained to the extent of 2.9 percent, according to crime reports received by the Federal Bureau of Investigation from 2,076 cities of all sizes representing nearly sixty-five and a half million inhabitants.

A breakdown of the 8,000 rape cases reported in 1946, and the 8,232 in 1947, shows that the greater increases during the latter year fell in Groups III, IV, V and VI cities, whose populations range downward from 100,000 to 10,000 and under population. It is interesting to note that surveys of commercialized prostitution and allied activities made by the American Social Hygiene Association in 1946 and 1947 disclosed the worst conditions to prevail in these same population groups of cities, thereby tending to confound the argument advanced by the proponents of commercialized prostitution that it prevents rape.

In a summary of the Bureau's report, Mr. Hoover justly points out that the present day high crime rates are attributed to numerous factors, such as:

“A failure on the part of too many citizens to assume the responsibilities of citizenship. Too frequently, law enforcement agencies are not provided with adequate facilities, funds and trained officers.

“Home life has deteriorated and in too many instances homes are merely places of living and not places of learning.

“Real reduction in present-day crime rates will not come until every adult recognizes his responsibility to youth and his responsibility as a citizen. In these days of uncertainty the American people must realize that if we are to be strong internally every effort must be directed toward the goal of making the people of this nation more law-abiding.”

PAUL KINSIE

PUBLIC HEALTH LAW. James A. Tobey. Third Revised Edition. New York, The Commonwealth Fund, 1947. 419 pp. \$4.50.

This is the third edition, completely rewritten, of this useful compendium, previous editions having been issued in 1925 and 1939. The latter was reviewed in the JOURNAL OF SOCIAL HYGIENE, June, 1940.

The author states in the third edition preface that he has added much new material, although he has made relatively few changes in the fundamental legal principles set forth. About 250 new decisions of court on various aspects of public health law have been referred to or abstracted, numerous alterations in governmental organization and administration have been noted, and important legislative trends have been reported.

The subject is treated in 21 chapters under four general subdivisions as follows: Part I. *Public Health Law and Administration*, covering the sources of public health law, police power and public health, health organization on the state and local levels, and health officers and employees. Part II. *Powers and Duties of Health Departments*, including chapters on vital statistics, the control of various diseases, food and sanitation, vaccination, and school and industrial hygiene. Part III. *Liability*, treating liability of municipal corporations, health officers, and individuals. Part IV. *Legislation and Law Enforcement*, including sections on the preparation and adoption of health legislation, and law enforcement and court procedure.



Dr. Tobey devotes one chapter to the control of venereal diseases, stating that advice on many of the legal features of social hygiene and venereal disease control is available from the ASHA.

The book contains three valuable appendices as well as a general index and an index of cases.

E. B. R.

**REDIRECTING THE DELINQUENT**, National Probation and Parole Association's Year Book 1947. Edited and compiled by Marjorie Bell, Foreword by Charles L. Chute. 336 pp.

The papers in the Year Book mainly are those delivered at the Association's Annual Conference which was held in San Francisco during April, 1947.

It contains current opinions of outstanding authorities on the treatment and prevention of juvenile, as well as adult delinquency.

The various subjects discussed cover a wide field. Child behavior, as affected by motion pictures and radio, the community's responsibility, police functions in control of community conditions which contribute to delinquency, the juvenile court, the adult offender, and the planning of a state correctional system are discussed in detail.

The book also contains a legal digest setting forth legislation affecting juvenile arrests, probation and parole enacted during 1947 in the several states, and court decisions rendered.

An author and subject index have been included, which afford those interested in the various subject matter opportunities for ready reference to much worthwhile data.

PAUL KINSIE

**PANEL REPORTS OF THE NATIONAL CONFERENCE ON PREVENTION AND CONTROL OF JUVENILE DELINQUENCY**, Superintendent of Documents, Government Printing Office, Washington 25, D. C.

The reports of the eighteen panels of the National Conference, called by the U. S. Department of Justice, in Washington, D. C., November, 1946, are now available in printed form, and are recommended for all interested in the prevention and control of juvenile delinquency, whether professional or citizen workers. A *Handbook*, detailed guide for organization of a State or Community Conference, is available in addition to the panel reports. The separate reports, with prices per copy, are:

No. 1, *Community Coordination*, 15¢  
 . . . No. 2, *General Recommendations for State and Community Action*, 10¢  
 . . . No. 3, *Juvenile Court Laws*, 15¢  
 . . . No. 4, *Juvenile Court Administration*, 10¢ . . . No. 5, *Juvenile Detention*, 15¢ . . . No. 6, *Institutional Treatment of Delinquent Juveniles*, 20¢ . . .  
 No. 7, *Role of the Police in Juvenile Delinquency*, 15¢ . . . No. 8, *Housing, Community Development, and Juvenile Delinquency*, 15¢ . . . No. 9, *Recreation for Youth*, 25¢ . . . No. 10, *Mental Health and Child Guidance Clinics*, 10¢ . . .  
 No. 11, *Youth Participation*, 10¢ . . . No. 12, *Citizen Participation*, 15¢ . . .  
 No. 13, *Case Work—Group Work*, 15¢ . . . No. 14, *Church Responsibilities*, 15¢ . . . No. 15, *School and Teacher Responsibilities*, 15¢ . . . No. 16, *Home Responsibility*, 15¢ . . . No. 17, *Rural Aspects of Juvenile Delinquency*, 25¢ . . .  
 No. 18, *Statistics*, 15¢.

Reports can be bought individually or as a group of eighteen. Special rates are provided for quantity orders.

E. B. R.

## Books on Medical and Public Health Activities

**CLASSIC DESCRIPTIONS OF DISEASE.** Ralph H. Major, M.D. Charles C. Thomas, Springfield, Illinois. 1948. Second Printing of Revised and Enlarged Third Edition. 679 pp. \$7.00.

A study of the history of medicine provides one with an appreciation of the many labors of the past which permit the present to be. Since, in the light of the past, the future seems

almost limitless, history is a sure antidote for pessimism.

The author of *Classic Descriptions of Disease*, Professor of Medicine at the University of Kansas School of Medicine, is well known for his contributions to the cultural aspects of medicine. In this Third Edition, Dr. Major has presented a wealth of interesting historical material which is not only useful but entertaining. One of the

most valuable features of this book is the biographical sketches of nearly two hundred contributors to our knowledge of medicine from Hippocrates to the fairly recent past. Excerpts from the writings of these physicians present in their own words their observations of diseases, giving in many instances the first clear clinical picture to be found in the literature of any language. The text is copiously illustrated.

The section on syphilis is one of the most interesting and extensive in the book and ranges from Nicolo Leonceno (1428-1524) to Jonathan Hutchinson (1828-1913). Sometimes the text is from an ancient translated into English as, for example, from Vigo's Surgery (1543) the original of which was in Latin. Sections from Fracastorius' poem from which the disease syphilis got its name are included. One of the most amusing biographical accounts is that dealing with the famous and irascible Scottish physician, John Hunter. The excerpt from the writings of Hunter presents an account of the experiment by which he proved, to his own satisfaction, that syphilis and gonorrhea are one and the same disease, thereby continuing for one hundred years an error which was commonly accepted in Hunter's day.

The material in this book is presented under the following chapter headings: Introduction; Infectious Diseases; Diseases of Metabolism; Lead Poisoning; Diseases of the Circulatory System; Diseases of the Blood; Kidney Diseases; Respiratory Diseases; Deficiency Diseases; Allergic Diseases; Diseases of the Digestive Tract.

After perusing this book with much pleasure and profit, one is inclined to recommend it to all intelligent readers. Certainly those interested in history will find here source material on the development of the science and art of medicine from its very beginning in Western civilization down to the recent past. Here will be found background material on the history of every common disease—background which speakers and writers, both scientific and popular, require when they are dealing with medical material. Dr. Major's book should therefore be found not only in every medical library, but also in the collections of amateur as well as professional students of history, medicine and public health.

WALTER CLARKE, M.D.

DERMATOLOGY AND VENEREOLOGY FOR NURSES, by John H. Stokes, M.D. and Jane V. Taylor, B.S., R.N. W. B. Saunders Co., Philadelphia. 416 pp., illustrated.

This book in its fourth edition maintains its place as a classic in its field. Long familiar to all nurses and to workers in the field of public health and social work, this new edition has long been anticipated. World War II intervened and delayed its preparation but enriched its content. Dr. Stokes served as Consultant to the Secretary of War during World War II.

As in the earlier editions, the book is still a source of the latest scientific advances in diagnosis and treatment of these diseases and maintains, more emphatically than ever the premise that, "—the nurse—should be addressed as a potential molder of public thought."

Parts I and II, covering the descriptive summary of disease of the skin and the treatment of cutaneous disease, include three new chapters: *Skin Allergy—(Dermatitis and Eczema)*, *The Dermatoneuroses*, and *The Dermatology of Industry*. The other chapters in these Parts have been brought up to date, but the most significant changes are in the three new chapters.

It seems a pity that the *Suggestions to Patients Under Tension*, quoted in full from the senior author's *Fundamentals of Medical Dermatology* had to be printed in such small type. It is hoped that this will prove no deterrent for reading and pondering the wise suggestions of this learned and kindly man.

Parts III and IV have been completely reorganized. The new headings reflect the philosophy of the authors—*The Venereal Disease and Venereal Disease Control and Social Hygiene*. This philosophy can best be indicated by a direct quote from the ending of the chapter on Gonorrhea. "With these words we would wish that we could write *Finis* to the problem of gonorrhea. Unhappily, as will become apparent in the discussion of venereal disease control, it appears that we may have to face almost epidemic gonorrhea as a result of the simplification and perfection of treatment. Between such a consummation and the men and women of today there stand mainly those intangibles of moral force and the good life that have formed too



small a part of our thinking in the treatment age.”

These chapters are full of important new discoveries in diagnosis and treatment with full coverage of all the recent advances of venereal disease control and social hygiene.

The essentials of each step in venereal disease control are succinctly listed in the familiar blocked out summaries used in the earlier editions. Some have been brought up to date as to content and others offer completely new subject matter, never forgetting the role of the reader, “—a potential mold of public opinion.”

This is a book to be owned as well as read.

TERESA M. HAYES, B.S., R.N.  
*Assistant Executive Secretary*  
*American Nurses' Association*

**HANDBOOK OF PSYCHIATRY.** By Winfred Overholser, M.D., and Winifred V. Richmond, M.D. Philadelphia, J. B. Lippincott Company, 1947. 246 pp.

A longfelt need has been met in this book. The public has been receiving fairly indigestible doses of psychiatrically oriented literature for some time, presumably on the assumption that a sound frame of reference had already been established. Thus, books on psychosomatic medicine, psychiatric interpretations of children's problems or of adult emotional disorganization, written in popular language, assumed a rich popular understanding and have, it is felt, resulted in much confusion, possibly some anxiety and certainly considerable friendly parlor diagnosis amongst friends.

The book is especially useful for the people who want to know what psychiatry is all about; for persons who are engaged in counseling in any of its varied phases; for students (especially those whose instructors, alas! may work on the assumption that the so-called fundamentals are now in everyone's possession); for workers in the field of social hygiene, a field so inseparable from mental hygiene.

Drs. Overholser and Richmond have not written a child's text—they have written a lucid, reassuring, carefully organized book for the serious reader.

They depict with skill and kindness the dangers of lay obtrusion into this professional field, at the same time displaying the true humility of the thoughtful professional person about the areas in which psychiatry is still seeking answers.

Especially to be recommended is the table of contents with its subheadings; the scrupulous care with which all technical terms are defined and often described; the well-written, compact case examples and the comprehensive index.

ESTHER EMERSON SWEENEY

**SYMPOSIUM ON MEDICOLEGAL PROBLEMS.** Samuel Levinson, M.D. J. B. Lippincott Company, Philadelphia, February, 1948. 255 pp. \$5.00.

This little book contains considerable material of interest to social hygiene workers. Aside from general subject matter on the doctor as an expert witness, scientific tests in evidence—including paternity tests—about half of the book is given over to the subjects of artificial insemination and operations to produce sterility. These subjects are discussed from the medical and legal points of view. Anyone interested in the broad aspects of social hygiene will find the discussion illuminating.

WALTER CLARKE, M.D.

**REHABILITATION OF THE PHYSICALLY HANDICAPPED.** Henry H. Kessler, M.D., Ph.D. Columbia University Press, New York. 1947. Pp. 274. \$3.50.

Far too many persons think only in terms of war veterans on the rare occasions when they give this book's subject any consideration at all. Yet the physically handicapped as a whole form a largely untapped reservoir of industrial resources. The author—one of the best informed and most experienced executives in the rehabilitative field—presents both facts and philosophy to bolster his earnest plea for the army of disabled. Train them and put them to use, he urges, not merely to aid the national economy but also to raise their personal morale by making them self reliant individuals.

Public prejudice toward the disabled constitutes the greatest obstacle to rehabilitation. But Kessler shows that,



by organized and systematic methods, the physical, mental, and vocational powers of many handicapped individuals can be improved to the point where they can compete with the so-called non-handicapped if granted an equal opportunity. Some groups, however, are unemployable and should be pensioned, says the author. Distinctions must be drawn, too, among various types within the same general category; as, for instance, sufferers from chronic heart disease who fall into three groups: those who can be made totally productive, those who will be limited to partial productiveness, and those who are totally unproductive.

The book will prove especially useful for everyone engaged in the medical and social service aspects of rehabilitation whether with adults or children. Its information should be helpful, also, to anyone interested in helping the handicapped.

RAY H. EVERETT

PRINCIPLES OF HEALTHFUL LIVING FOR THE INDIVIDUAL AND THE COMMUNITY, Edgar F. Van Buskirk, The Dryden Press, New York, 1948. 474 pp.

The present edition is a revision of the work by the same title published in

1938 which was reviewed in the *Journal of Social Hygiene*, October, 1938. Retaining the same basic approach, Dr. Van Buskirk has brought the book up to date and has added an entire new section on family and community health. Although this was written as a text for students in their freshman and sophomore years in college, it is also, because of its comprehensiveness, a useful reference book for public health and social workers.

The author discusses the meaning of health in its individual aspects, such as vision and hearing, disease of the respiratory, digestive and circulatory systems, in the first parts of the book. Section Three, *Emphasizing Health in Human Relationships*, would be of most use to social hygiene workers. He includes chapters on *Continuation of Life* in which he writes of the significance of sex, reproduction and early development, syphilis and gonorrhea, *Mental Health, Family Health and Disease Control in Family and Community*.

The format of the book is excellent and it includes many useful diagrams of parts of the human body. A comprehensive index and a twelve-page bibliography also add to the book's usefulness.

E. B. R.

#### Reading References on "The Kinsey Report".

In view of the plentiful press, radio and magazine discussion of Dr. Alfred C. Kinsey's report on the studies made by himself and his staff at Indiana University on *Sexual Behavior in the Human Male*, and the plans of the American Social Hygiene Association to publish the *Proceedings*\* of its Spring Conference of Social Hygiene Executives on *Problems of Sexual Behavior*: as related to *Social Hygiene Research, Education and Community Action*, the JOURNAL OF SOCIAL HYGIENE has not assigned space to any additional evaluation since the original announcement of the report's publication. However, for the convenience of our readers and members a list has been prepared of the more important feature articles, book reviews, and symposia which have appeared since the Kinsey report was published in January, and may be secured on request to the American Social Hygiene Association, 1790 Broadway, New York 19, for 10 cents per copy.

\* An ASHA publication, *Problems of Sexual Behavior*, is expected to be off the press in August, 1948. The book, which includes fourteen articles by distinguished leaders in related professional fields and a preface by Walter Clarke, M.D., will contain about 200 pages. Price: \$2.00.

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No. 7

# Journal of Social Hygiene

Public Health  
Training Center

Community Service Number

PERIODICAL DEPT.



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National Social Hygiene Day—February 2, 1949

## THE AMERICAN SOCIAL HYGIENE ASSOCIATION

organized in 1913, is the national voluntary agency for social hygiene.

### Purposes

- To protect and improve family, community and national health and welfare
- . . . by promoting sex education, including all education in health and human relations which concerns personal and family life.
  - . . . by fighting prostitution and sex delinquency in all its forms.
  - . . . by combating the venereal diseases and the conditions which favor their spread.

### What the Association Does

Works with health authorities, physicians, nurses, police authorities, civic welfare agencies, parents, church leaders, teachers and educational institutions, state and community social hygiene societies, other national agencies.

Renders consultant and field service . . . Conducts surveys and investigations

Organizes state and community programs

Prepares and distributes the **Journal of Social Hygiene** and the **Social Hygiene News**, pamphlets, books, posters, charts, exhibits, lantern slides and films

Lends reference books and package libraries . . . Answers thousands of letters of inquiry

## THE JOURNAL OF SOCIAL HYGIENE

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## THE AMERICAN SOCIAL HYGIENE ASSOCIATION

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# Journal of Social Hygiene



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## Community Service Number

### EDITORIAL

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#### SOCIAL HYGIENE AND THE RED FEATHER

Like hundreds of other magazines, the JOURNAL bears on its cover this month the Red Feather—official emblem of the thousand American Community Chests in their annual drive for public support, and a Symbol of Service the year round. The Red Feather has had long and honorable meaning in many lands and among many people. Today, in the United States, it has a three-way significance—a badge for contributors, a mark of good citizenship for workers, and a national identification for the 12,000 social, health, recreation and education services supported through Community Chests across the country.

Many community social hygiene groups are included among these Red Feather Services. Many community social hygiene workers are among the Red Feather Workers who help raise funds. The American Social Hygiene Association backs the Red Feather Campaign with national leadership and national services, as described by President Mather, and illustrated in the reports by Dr. Clarke and Mr. Ennes in the next pages.

In behalf of all our co-workers, whether national, state or local, the JOURNAL wears the Red Feather proudly, as a "decoration for achievement" and a token of future progress through united effort.

## WE'RE AT YOUR SERVICE

PHILIP R. MATHER

*President, American Social Hygiene Association*

A Very Important Person was discussing home-town social hygiene problems with a field representative of the American Social Hygiene Association.

"Of course, we see the importance of strengthening measures against the venereal diseases . . . of getting at the social causes of VD and preventing infection," said the VIP with a puzzled frown.

"And, naturally, we want to improve family life education in the home, the church and the school and we see the value of stronger measures to keep the city free of commercialized prostitution. But *why* do we need a national organization to lead the work? Can't we do the job alone?"

The VIP asked a Very Important Question. Here are some thoughts that may serve as an answer.

The social hygiene movement operates on varying levels and in diverse stages of development in towns, cities and states throughout the United States. In one community it may find only partial expression through a handful of forward-looking citizens; in another it may function through a well-organized social hygiene society, cooperating effectively with other community agencies. But whatever the level of development, that which gives unity of purpose and direction to the entire movement is the representative, experienced, tested national leadership in the form of the American Social Hygiene Association, the sole voluntary national organization in the field.

Founded in 1913 by distinguished physicians, scientists and educators to fight *against* the venereal diseases and their ally, commercialized prostitution, and to fight *for* better family life education for young people and for better family life for all people, the Association performs unique, definable services on a consistent year-round basis, measurable in concrete results and not duplicated on city, state or regional levels. Indeed, these services, though of direct benefit to the communities, are of a character which could not be rendered individually by any single locality or group of localities.

## National Services and National Leadership

What are these services?

1. The Association, being *national* in outlook, presents the *total* social hygiene picture for all the country—for its affiliates; for the independent groups working on only part of the program; for the short-term committees established only for limited objectives; for the communities where no action has yet been undertaken; and for the nation as a whole.

2. By virtue of its *national* outlook, the Association is able to direct citizen efforts toward strategic goals which, at a particular period, given maximum attention, may be achieved most rapidly with greatest benefit to the entire country. It was this type of organization, for example, which permitted the social hygiene movement a decade ago, with relatively small forces, to smash taboos which for generations had prevented frank public discussion of syphilis and gonorrhea. During wartime, this type of organization permitted rapid *national* mobilization against commercialized prostitution.

3. National coordination makes it possible to share with the country as a whole the fruits of social hygiene experience in the field, making available to all the achievements of each community. Without such centralization, each would be isolated, denied the yardstick of measurement which can only come through knowledge of comparable undertakings in the same field.

4. Pooling experiences through a national organization makes it possible for the social hygiene movement to lift the general level of development while national leadership simultaneously pioneers in the breaking of new ground. For example, the Association gave major attention for several years to promotion of prenatal and premarital blood test laws. When this movement began a decade ago, it was pioneering. Today, most states have enacted such statutes. The very fact that such legislation is now general will be a powerful factor in helping citizens in states still without such laws to obtain them within a reasonable period. Meanwhile, the Association, which at one time gave this a high priority in its national program, continues to stress its value, but goes on to new objectives.

These are the services, stated generally. Let's look at them concretely, in terms of tasks accomplished, coordination that resulted in forward movements for social hygiene in the United States as a whole; leadership that resulted in projects that could never have been brought into existence by the independent activity of any single society or even by a selected group of them.



### Some Highlights from the Record

THE ASSOCIATION advocated and enlisted the public support which in 1918 brought about establishment of the Division of Venereal Disease Control within the United States Public Health Service. This made possible the nationwide program against syphilis and gonorrhea under way today that aids your city and state.

THE ASSOCIATION advocated and enlisted the public support for an adequate budget for the Division of Venereal Disease Control, which in 1938 resulted in the passage by the Congress of the National Venereal Disease Control Act, and the provision since then of annual appropriations which have permitted steady progress in efforts to reduce syphilis and gonorrhea in the United States. For the current fiscal year, as for several years past, the amount provided totals around 17 million dollars, of which the greater part goes to the states and thence to the communities in the form of grants-in-aid, with state and local legislative appropriations matching Federal funds.

THE ASSOCIATION trained the first venereal disease control officers for their posts in communities throughout the country and through staff services continues to perform this function.

THE ASSOCIATION since 1914 has helped the states to write, adopt and carry out social hygiene legislation to guard and protect family life from the venereal diseases, and from commercialized prostitution, with the result that most states now have adequate laws for these purposes. The forms and principles on which most of these laws are based were drafted by the Association's staff, including the laws providing for premarital and prenatal examinations for syphilis which since 1935 have been adopted in three-fourths of the 48 states.

THE ASSOCIATION participated directly in major research projects regarding venereal diseases which added greatly to scientific knowledge of these diseases. Its role has been and often still is to single out key projects requiring research; prepare the method, enlist the finances, assist in setting up the projects and in getting them under way.

THE ASSOCIATION cooperated over a 5-year period with the National Research Council's Venereal Disease Committee, which developed penicillin therapy for syphilis and gonorrhea. It directed the Staten Island (N. Y.) case-finding project which developed better methods of locating cases. It made the basic national studies of the control of syphilis in industry and led the way to the introduction of blood testing in industry.

Parallel with these undertakings—and many others not listed here because of space limitations—the Association acts as a center of public information on social hygiene to the public generally and to its affiliates and interested voluntary and official agencies on a continuing basis. This has been an over-all service, national in character, throughout the 34 years of Association history.

The fact that the public now accepts syphilis and gonorrhea as preventable, controllable diseases; that our states outlaw commercialized prostitution; that more and more parents and school administrators are coming to see the value of sound programs of education for marriage, is evidence in no small degree of the effectiveness with which this over-all task of making public information available has been and is being performed.

### Some Major Current National Projects

The unique and special national services of the American Social Hygiene Association strengthen the social hygiene movement "back home" today, just as they did in earlier years. The achievement of social hygiene goals is a continuing process. Success in one objective opens the way to new efforts on a higher level. Here is an indication of the services performed today:

It is the Association which systematically studies prostitution conditions throughout the country, strengthening the hands of those interested in law enforcement. This service, unique in the nation, while benefiting each locality individually, provides at the same time a continuing barometer of vice conditions nationally.

It is the Association which guides—and in some cases finances—demonstrations at all educational levels of the effectiveness of sound family life education. Teacher training, preparation of curricula, leadership for church and school are included in this broad area. Reference has already been made to Association service in the training of VD control officers.

It is the Association which sponsors the observance of National Social Hygiene Day in February each year, providing program and publicity aids without charge to organizers of local meetings in thousands of communities. The Association also sponsors the Annual Conference of Social Hygiene Executives which gives centralized leadership to the social hygiene movement and indicates goals, standards and techniques of procedure which become integrated into the programs of cooperating groups in the communities.

It is the Association which produces and distributes educational and informational materials, not only for the general public but for the use of agencies working in the related fields of social hygiene. Outstanding among its contributions is the leadership publication, *THE JOURNAL OF SOCIAL HYGIENE*, which reflects the current thinking of specialists in the social hygiene movement, the development of trends, achievements, and new tasks that lie ahead. Also of significance is the *SOCIAL HYGIENE NEWS*, monthly news bulletin, which helps to maintain liaison between the national office and the rest of the country.

It is the Association which over the years served and continues to serve as a channel of information to over 100 other national voluntary agencies, enlisting their support for national social hygiene



objectives and assisting them to make that support effective at the local level. The social hygiene movement "back home" is the stronger because local agencies, affiliated to influential national organizations, are thus acquainted with social hygiene goals and prepared to participate in their achievement through directives from their own leadership.

It is the Association which systematically initiates publication of newspaper material and popular magazine articles carrying the national social hygiene story to millions of Americans each year. Every national service of this kind draws on the experiences of the communities and reinforces the work at the local level by bringing it to national attention.

And finally, since the United States does not live alone in the world, but has some six thousand miles of common frontier with other countries, and ports through which pass citizens of all the world, the Association maintains active cooperative relationships with both international agencies and representatives of other nations in the interests of the social hygiene program.

These national services—and many others not listed because of lack of space—could not be offered without the reciprocal relationships that exist between the Association, as a centralizing agency, and the city and state organizations. Its close ties with those interested in some or all of the social hygiene objectives root the Association firmly in the field of practical experience. At the same time, the communities—no matter how advanced their local movement may be—need the leadership, the centralization, the coordination, and the accumulation and evaluation of experience which can be achieved only through the national office.

This system of relationships did not develop accidentally. It arose from the basic fact that the problems of the social hygiene movement—the fight against the venereal diseases and the fight for stronger, more stable family life—are national problems and that lasting gains can only be made by national efforts which centralize and extend the work being done in the localities.

*The above statement was presented by Mr. Mather before the Conference of Social Hygiene Executives held by the American Social Hygiene Association, New York City, March 30–April 1, 1948.*



# SOME SOCIAL HYGIENE PROBLEMS OF LOS ANGELES COUNTY

## SUMMARY OF A REPORT ON A COMMUNITY AND COUNTY-WIDE SURVEY \*

WALTER CLARKE, M.D.

*Executive Director, American Social Hygiene Association*

The situation in Los Angeles County reminds me of the White Queen's remark to Alice in *Through the Looking Glass*:

"Faster, faster," the White Queen shouted to Alice.

"In our country," panted Alice, "you'd generally get somewhere if you ran very fast for a long time, as we have been doing."

"A slow sort of country," said the Queen. "Now here, you see, it takes all the running you can do to keep in the same place. If you want to get somewhere else, you must run twice as fast as that."

"I'd rather not try, please," said Alice. "I'm quite content to stay here. I'm so hot and thirsty."

You in Los Angeles are generally so good in health and welfare activities that if you can "stay where you are," you will do well. "Hot and thirsty" though you may be, you'll have to run twice as fast as other places to keep your services abreast of the tidal waves of population flowing in on you.

Our study of social hygiene conditions in Los Angeles County shows this to be your main problem—to keep up with your growth. The population of the County has increased by more than a million since 1940 and still they come. Twelve thousand veterans per month, to say nothing of others, seek residence and employment in the County. All jurisdictions in the County share in this phenomenal growth of population. Each public welfare agency, in its geographic and service area, is straining and stretching to cover human needs. Services, like good garments which recently were the right size, are now outgrown. The sleeves reach only to the elbow, the pants to the knee; the coat won't button across the chest.

### *Services Among the Best*

In this brief abstract from our long report, I hope to give you a summary of some of the needs and problems of your community in the field of social hygiene. This is no terror tale of monstrous neglect or dragons of corruption in public services. Despite the heavy pressure under which they operate and within the limits set by over-burdened facilities, the public agencies of Los Angeles County

\* Presented by Dr. Clarke, survey director, at a meeting in Los Angeles, March 16, 1948, before an audience comprising the survey sponsors, public officials and interested citizens.

and its cities are certainly among the best in the United States. Your health departments, police departments, Sheriff's office, probation department, hospitals, schools, voluntary public health and welfare agencies are excellent, and they are giving that earnest, intelligent attention to the venereal diseases, prostitution and social hygiene education, which these subjects warrant.

### *VD Largest Public Health Problem*

But your problems in these fields still are serious. The venereal diseases remain the largest public health problem before you, heading the lists of reportable communicable diseases. In 1946 more than 23,000 cases of syphilis and gonorrhea were reported in Los Angeles County. More than half of these were syphilis cases. In two years, 1944-46, syphilis stood first and gonorrhea second among communicable diseases reported in Los Angeles City, with a two-year total of 35,828 cases. Similar high incidence was reported in Pasadena and Long Beach. Only measles exceeded the venereal diseases in Long Beach in 1946, while in Pasadena venereal diseases were exceeded in that year only by measles, chickenpox and mumps. Approximately half of 23,000 cases which occurred in the whole county in 1946 were discovered in youths from 18 to 25 years and a large number of even younger people were found infected.

### *Syphilis Deaths*

Gonorrhea rarely causes death, though in untreated cases it is a frequent cause of sterility and other disabilities. In spite of our vastly improved methods of treatment, deaths due to syphilis are still numerous. In Los Angeles City only tuberculosis and pneumonia among communicable diseases cause more deaths than syphilis, and reporting of syphilis mortality is notoriously deficient throughout the United States.

The facilities within the County for dealing with this great public health problem consist in the health departments of Los Angeles County, Los Angeles City, Long Beach and Pasadena, the hospitals and private medical practitioners. The excellent health departments need additional health centers. They need also expanded services, particularly laboratory facilities and personnel to permit them to give the assistance which private physicians and industries could use to find more and more hidden cases of syphilis, many of them people who do not know they are infected. The health departments need more help from the hospitals and private physicians in fighting the venereal diseases.

### *More Clinics Needed*

In our opinion, more hospitals should conduct low-fee clinics including night sessions for employed but medically indigent patients. At present, although there are in the county 134 clinic sessions per week at 39 locations, there are only 7 clinics which hold evening sessions and 5 of these are operated by the Los Angeles City Health Depart-



ment. Only 12 clinic sessions per week are conducted by voluntary hospitals, hardly their fair share of the burden. Furthermore, too many hospitals now fail to perform routine serological tests on all bed patients, a procedure recognized as necessary in good hospital practice. Most hospitals do not attempt to obtain from syphilis patients information which would help to find sources of infection and many do not exert themselves to bring patients back for check-up examinations after treatment. It seems evident to us that much could be done to bring the hospitals more wholeheartedly into cooperation with the health authorities in combatting venereal diseases.

### *Congenital Syphilis*

The conquest of congenital syphilis should be our first complete victory because it can be prevented in nearly every case by treatment of syphilis in pregnancy. We found that with two exceptions the prenatal clinics, both official and voluntary, can be improved in several respects. Too few of them make serologic tests for syphilis *subsequent* to the legally required test on admission to prenatal care. Too few accept responsibility for treating syphilis when discovered in a pregnant woman, but transfer this responsibility to others, often to the great inconvenience of expectant mothers. Only two clinics make a thorough search for the gonococcus in pregnant women by employing both spread and culture examinations. In seven prenatal services neither spreads nor culture studies are made for the discovery of gonorrhea. These deficiencies should be corrected.

There is need to enlist more fully the cooperation of private physicians in venereal disease control, a fact well recognized by the health departments and the County Medical Society. Experience shows this can best be accomplished by assisting private physicians to give the finest possible care to patients going to them for diagnosis and treatment. The health departments would like to give private doctors many types of diagnostic and treatment services in exchange for their aid in finding and treating the largest possible number of cases of syphilis and gonorrhea. The problem reduces to terms of more personnel for the health departments at salary levels which enable the departments to obtain and keep good workers. Too often this is not possible now because private enterprises offer compensation beyond the range of the public services. This is one of the serious problems confronting the health authorities of Los Angeles.

We suggest that a mechanism should be set up to facilitate understanding and cooperation between the County Medical Society and the official and voluntary health agencies of the area. A permanent committee on public health relations with subcommittees on venereal diseases, tuberculosis, maternity and child health and other special fields could with advantage be established by the County Society. Such committees have been found extremely useful in many places to facilitate mutually beneficial cooperation, the direct result of mutual understanding.



### *Medical Advertising Unethical*

The state of California owes it to itself to put an end to the exploitation of sick people by practitioners who advertise their activities in the daily press, in the telephone books and by neon lighted signs. The laws of California, unlike those of many states, permit medical advertising. The laws do not limit the diagnosis and treatment of venereal diseases to licensed physicians as do the laws of most states. Therefore, the thirty-two advertisements of doctors of medicine and the fourteen advertisements of doctors of osteopathy in the current classified telephone book are not illegal in California though they are, of course, unethical.

The advertisements of herbalists, listing 45 ailments, including "urinary" diseases and promising "quick relief and vibrant health," are not illegal in California. Many herbalists are quite willing to make a diagnosis and prescribe treatment on the basis of information obtained by mail and without ever having seen the supposed patient.

### *Legislative Proposals*

We suggest that the health and welfare agencies of Los Angeles lead the way in obtaining legislation to stop this business. An amendment to the Medical Practice Act is proposed to prohibit all advertising by licensed physicians. An amendment to the public health act is proposed to prohibit anyone not a licensed physician from diagnosing or treating any venereal disease. The suggested laws are taken from the laws of the state of New York where they have produced excellent results.

The activities of the advertising mail-order "specialists," herbalists and others can be stifled by obtaining "fraud orders" from the Post Office Department closing the U. S. mails to their use. The reputable press and the telephone company of Los Angeles should refuse, as do the newspapers and phone companies in many places, to carry medical advertising. The Los Angeles Better Business Bureau has already made efforts in this direction. The support of all health, medical and welfare agencies is needed to wipe out medical advertising and the quackery so generally associated with it.

Ten years ago studies by the American Social Hygiene Association revealed that Los Angeles City was one of the worst communities in the country for counter-prescribing and treatment by drugstores. Our present studies indicate that Los Angeles is now almost entirely free from this unethical practice. The pharmacists have set a good example in self-policing and with few exceptions have cooperated with the health authorities and the medical profession.

### *Quackery*

Quackery in Los Angeles is not limited to fake diagnosis and treatment of physical ills but extends to psychic disorders, sometimes imaginary, but too often real. There is a type of untrained "psychic healer," "lay analyst," and "psychologist" which deserves the attention of the authorities. There is evidence to show that these untrained meddlers do much harm and no good. Sooner or later the psycho-

quacks must also be forced out of business by the establishment of professional standards, qualifying examinations, and state licensure.

### *Psychiatric Service*

This is a good place to mention the need for more professional psychiatric service in Los Angeles. We suggest the establishment of a psychiatric service associated with the Los Angeles City and County Health Departments, the courts, and the jail, to do what can be done to find and redirect those sex offenders who are not already so hardened in their habits as to be beyond salvage. Experience shows that much can be done through psychiatric and social work to rehabilitate young people, boys and girls, who land in the courts and jails, charged with sex offenses. The most expensive thing a community can do is to neglect these early cases allowing them to rotate from promiscuity to venereal diseases, to treatment, to cure, then to renewed promiscuity, to repeated infection, to treatment and cure, again and again, a veritable venereal disease merry-go-round. The damage to the personalities of these victims is at least as disastrous for the community as are the diseases which they acquire—and spread. A psychiatric service such as suggested would undoubtedly help this situation.

### *Treatment of Sex Offenders*

The public health procedures at the City Courts in handling sex offenders can be improved in other ways. At present, some persons charged with sex offenses, by taking bail, escape medical examination. The health authorities have the power to examine all persons charged with sex offenses and should, we believe, exercise this power. At the time of our study the Courts, while trying persons charged with sex offenses, had access to the findings of medical examinations. This is wrong in principle and in practice. The fact that a person has or has not a venereal disease is not evidence of guilt or innocence of a sex offense. Many children, mothers, wives, blameless people—have syphilis or gonorrhea; and some of the most hardened offenders are free of venereal diseases at the time of examination. The judges, being laymen from the point of view of medicine and epidemiology, are not qualified to interpret the medical findings and in our experience are often unduly swayed by the medical data, toward a verdict of “guilty” if the defendant has syphilis or gonorrhea, and toward “not guilty” if free of infection.

The Courts should have the medical data only after verdict has been passed. Once the question of guilt or innocence is settled—on the evidence and not on the laboratory and clinical findings—the Court should have the medical findings and take them into consideration in disposing of the case.

It may further be pointed out that for their own protection every prisoner detained in jail for 48 hours or longer should be examined for all communicable diseases including syphilis and gonorrhea. This is now the practice at the County Jail where 15 to 34 per cent of inmates are found to have syphilis. This procedure should be established also at the City Jail.



At Juvenile Hall, desirable improvements include the provisions of speedier laboratory service so that girls need not be held a week or ten days longer than otherwise necessary while awaiting the results of examination for venereal diseases. Segregation of delinquent from dependent girls should be provided in the hospital of Juvenile Hall as it is now in the residence cottages of that institution.

### *Social Background of VD*

The social background of the venereal diseases is seen wherever infected men and women seek diagnosis and treatment. Already in the health departments a start has been made toward social as well as medical care through the employment of trained medical social workers. A larger number is needed so that adequate medical social service can be extended to all health centers and clinics.

At the Rapid Treatment Center, a splendid institution in other respects, the social aspects of venereal disease seem to have been overlooked. It is hoped that already this defect may have been corrected. Medical treatment is now so speedy! Social treatment is still so difficult! The help of the County Department of Charities, Medical Social Work Division, and of all available voluntary social agencies should be utilized by the Rapid Treatment Center. Unless social treatment can change the pattern of sex conduct of promiscuous patients, the penicillin, the services of doctors and nurses, the dollars of the taxpayers poured into medical treatment are to some extent wasted.

### *Industrial Blood Testing*

It was somewhat surprising to us to find that the large industries in Los Angeles County, those having medical departments, do not measure up to the general average in the nation in the matter of blood testing as a part of pre-employment medical examination. Out of a sample of 59 large industries in Los Angeles having nearly 200,000 employees, only 18 or about 30 per cent included a blood test in the pre-employment examinations. In the Association's study made during 1947, it was found that of 418 large industries, with nearly 3,000,000 employees, scattered throughout the United States, 277, or 66 per cent, included the blood test in every pre-employment examination. Blood testing greatly helps to reveal syphilis among workers and results in treatment of thousands of persons, many of whom would otherwise progress to disability and death due to syphilis. One reason why Los Angeles industries do not blood test applicants for jobs is because the public health laboratories cannot now handle the added burden of serologic work. They are already overwhelmed with commitments for service. Here especially Los Angeles has outgrown shirt and shoes, as well as trousers and jacket.

### *Commercialized Prostitution at a Minimum*

We carefully studied the law enforcement activities and their results in Los Angeles City and the larger municipalities outside the metropolis. Few large cities have so complete, well trained and generally excellent police departments as Los Angeles City. One glance at



a map of the County showing the boundaries of the cities suggests that law enforcement in this area is a large complex undertaking. Our confidential studies of prostitution conditions gave us firsthand evidence that a good job is being done by the several police departments and the Sheriff's office.

Commercialized prostitution has been brought to a minimum throughout the County. Most of the instances in which violations of the laws against prostitution were observed were associated with bars and taverns as the places of encounter and with small hotels, motels and rooming houses as the places of exposure. A few cabbies, bellboys and an occasional bartender serve as "go-betweens" in a most cautious, furtive manner. Old fashioned brothels are nearly extinct in Los Angeles and disorderly massage parlors and dance-halls figure scarcely at all in the prostitution racket. Only a few street-walkers were observed. Thus, vigorous law enforcement over a period of years has coped successfully with the prostitution problem in the cities and the county of Los Angeles. However, the prostitution racket does not "stay licked" unless law enforcement efforts are continuous, skilful and backed by public opinion.

### *Court Procedure*

There are ways in which the efforts to deal with prostitution can be improved—notably in court procedures. In a city like Los Angeles where approximately 4,400 prostitution cases yearly are handled by the courts—a volume comparable with New York and other large cities—a specialized woman's court in which more standardized and individualized treatment can be accorded, is desirable. Such specialized courts to which women and girls charged with sex offenses are sent for trial have proved very useful in several major cities. Considering the New York City and the Los Angeles Police Departments as equally efficient, the better handling of prostitution cases in New York is due primarily to the work of the Woman's Court. The curious thrill-seeking public is barred from this court. Procedures are based on efforts to prevent prostitution and to rehabilitate novice offenders. After verdict, the court has the benefit of the results of careful medical examination and of social case studies by well trained probation officers. "Jockeying" to obtain trial before a lenient judge, a practice said to exist in Los Angeles, is impossible when all women go to one court which has standardized procedures based on long experience and social motivation. We strongly recommend the establishment of a women's court in Los Angeles.

### *Jail Conditions*

Conditions in the Lincoln Heights Jail are not all that could be desired. After conviction, hardened prostitutes, unless infected with a venereal disease, are not separated from first offenders as they should be. Male prisoners are for the most part idle. Little recreational or other activities are possible under present conditions. Those in charge of the jail are well aware of these defects and, with the construction of the new jail, better conditions will be obtained.

*Liquor Law Violations*

Conditions in bars and taverns have a direct bearing on the prostitution racket, as we have previously indicated. Our confidential field studies reveal many violations of the Alcoholic Beverage Control Act. Some bars and taverns employ hostesses or entertainers who serve in the capacity of "B" girls "on the side," stimulating the sale of intoxicants. Some bars and taverns are the nightly resorts of prostitutes who make their pickups on these premises. Female bartenders, other than licensees, were noted in some Skid Row resorts. Many sales of liquor to persons already intoxicated were observed. Arrests, often protective in purpose, of drunks have more than doubled in Los Angeles City—from 45,354 in 1943, to 92,108 in 1946. A drunk is an easy mark for the prostitute or her greedy agent and all the above mentioned conditions have a direct bearing on sex offenses and the spread of venereal diseases.

From many sources we heard complaints that the Board of Equalization—the ABC Board of California—does not cooperate in placing reasonable limitations on the number of bars and taverns, does not consider properly the wishes of local communities and the recommendations of the police in the matter of granting licenses, and ignores too often the complaints of local officials and citizens regarding conditions existing in bars and taverns. Some amendment to the present law which would provide for more local control of the licensing of bars and taverns and of policing and enforcement of laws and regulations, would seem desirable. Local ABC Boards have proved useful in many places and should be helpful in California.

*Family Life Education*

A major aspect of social hygiene deals with instruction and guidance of youth, parents and teachers regarding the role of the sex or reproductive instinct in human life. We usually refer to this type of instruction as "personal and family life education." Very much remains to be done in Los Angeles on this phase of education. A bottleneck is said to exist in the lack of adequate training courses for teachers in the schools of education. Here and there beginnings have been made, but until a corps of teachers is trained, a broad inclusive program can scarcely be launched. We hope that schools of education in Los Angeles will give special attention to this need.

Over a period of years, good personal and family life education has been developed in Pasadena with the intelligent support of parents and the school authorities. In other school systems, only occasional and unofficial instruction in personal and family life is being offered. Much credit should be given to the teachers who are doing their best to meet the needs of youth. Considerable has been done to interest and instruct parents and the demand for courses for parents is great.



In Los Angeles City about two years ago a strong committee was set up with the approval of the educational authorities to study the needs of the city school system and to make recommendations regarding personal and family life education. In June 1947 the committee brought forth recommendations substantially as follows:

1. That appropriate personal and family life instruction should be given in every grade;
2. That various phases of such instruction—personal, physical, psychological, and social—should be integrated in appropriate subjects such as Science, Home Economics, Social Studies, Senior Problems and Physical Education;
3. That syllabi or courses of study for these subjects should be enriched by adding material on personal and family life;
4. That the members of the Committee volunteer to act in an advisory capacity to those responsible for curriculum planning.

In our opinion these are sound constructive recommendations.

### *Proposal for Schools*

Under date of August 1947 the California State Department of Education issued a *Teacher's Guide in Health Education for the Secondary Schools*. This *Guide* presents units of personal and family life instruction, appropriate for the ninth and tenth grades, and for the eleventh and twelfth grades. In our opinion this is a very satisfactory guide. Since it has the stamp of approval of the State Department of Education, it should promptly be considered for adoption by all the school systems in Los Angeles County.

One has only to visit your neighboring city of San Diego to see in operation the kind of program we recommend. Citizens of San Diego after seven years of experience with this program almost unanimously endorse it. Many other progressive school systems in other parts of the country have similar programs. Why should Los Angeles, in other respects the most progressive of cities, continue to hesitate? \*

### *VD Council Is Commended*

We studied many of the numerous social and welfare agencies of Los Angeles—the family case work societies; those that deal with that tough continuing problem—the transient; the group work agencies; the child care, guidance, and protective institutions. Because my time is so short I can mention briefly only one of these, the Venereal Disease Council of the City and County of Los Angeles. This is a comparatively new organization under the wing of the Los Angeles Tuberculosis and Health Association and financed by

\* I am glad to state that since the survey was made there has come to our attention a publication of the Los Angeles City Schools entitled "Outline Course of Study. Life Science I." This outline contains beginning on page 38 a section entitled "Continuing the Species" having for its objective "to understand the functioning of the reproductive system and to apply that knowledge to the development of proper attitudes for family life." This outline should prove very useful to teachers and school administrators.



the Los Angeles Welfare Federation. We commend this type of cooperative relationship in the promotion of social hygiene work. The Council has good leadership and a small but excellent staff. As the voluntary agency interested in the whole scope of social hygiene covered by our study and detailed report, *we* offer a burden to the Council—to work hard for realization of the improvements recommended.

Primarily an educational organization, the Council should devote itself principally to promotion, to the enlightenment and to the development of public opinion. The Venereal Disease Council may formulate a three-year plan and work to secure within that period the major improvements suggested in this study—such as introduction of personal and family life education in the schools, establishment of a woman's court and a psychiatric service for sex offenders, and enactment of legislation to prohibit medical advertising and to restrict diagnosis and treatment of venereal diseases to physicians only. The Council will need the help of all public-spirited citizens in achieving its objectives, and fortunately can count on the hearty cooperation of official agencies.

Fortunately, in Los Angeles the important channels for reaching the public—the newspapers, the radio, public forums—are wide open. The parent-teacher associations, the women's clubs, civic societies are willing to cooperate. The splendid leadership of the health departments, the law enforcement officials, the enlightened and progressive Los Angeles city and county governments, the leaders and officials of Pasadena and Long Beach, the Welfare Federation and its excellent research facilities, the numerous health and social agencies are ready and willing, it seemed to us, to aid in achieving important social hygiene gains in the near future.

I am optimistic about that future. I believe you will achieve the ambitions of your scientists and your social engineers. Time is all you need. You have at your disposal every other means and quality of leadership.

Not only individuals but communities have personalities. The personality of Los Angeles is different from all other communities. It is redolent of youth, vigor, optimism. It is happy. It believes in the future. It knows that here in the midst of abundant natural resources, under sunny skies, in the vitalizing air of ocean, mountains and desert, life can be and shall be more abundant than elsewhere in the world. Here is freedom enough and imagination enough to *surpass* the old patterns. Here can be realized the prophecy of Walt Whitman, who saw developing *here* "the new society, at last, proportionate to nature";

"Clearing the ground for broad humanity,  
The true America, heir of the past so grand  
To build a grander future."

## FOUR GI STUDENT FAMILIES TELL THEIR STORIES

### AN EXAMPLE OF DYNAMIC GROUP DISCUSSION AND WHAT IT CAN MEAN

HOWARD AND SYLVIA BAHAR ENNES \*

On February 4, 1948, a quartette of GI student families had a bull session. In so doing, they told their story—and the story of 660,000 fellow GI student families—to 500 social hygienists and about a million New York newspaper readers.

The tale that is perhaps worth telling, however, lies not in the number of people who listened in on this bull session, but in what happened, and what impact the happenings had.

Let's go back to the beginning and see how it all began. First, there was a query from the planners of the Regional Conference of the American Social Hygiene Association: Will you moderate a panel of GI student couples on the topic of how their family life is going? The male author was supposedly qualified to do the task because he was both a University and family man and a veteran.

#### *Getting Ready*

There was the assignment, and the topic. What next? First, we dug into the literature a bit (See *References A*). We talked with numerous GI's and professional people in the family field. We drafted "a short group of questions centering around one big question: *Is going to college under the GI Bill strengthening or weakening the GI family?*" (See *Appendix*.)

This question-list was sent to key people across the nation who we felt could give us some leads and ideas. They did. We want to thank them here for their assistance. Among those who got the questions were faculty members in sociology in several colleges and universities. Some sent us student reports and data. Others asked their classes to send us individual case reports. This latter proved very helpful.

Each of the major veterans' organizations were written. Several came through with ideas, facts and background material. One sent copies of our questions to each of its college chapters, and this gave us additional practical case material.

\* Mr. Ennes is Chief of the Extension and Training Section of the Venereal Disease Division of the U. S. Public Health Service and Executive Secretary of Cooperative Studies in Venereal Disease Control of Yale University and the Public Health Service. His wife is a child psychologist and mother of their two daughters, ages 4 and 2. The group discussion they report on was held during the Social Hygiene Day Regional Conference arranged by the American Social Hygiene Association in New York City on February 4, 1948.

Finally, through the Yale chapter of the American Veteran's Committee, we spent an evening in a bull session with seven GI families. This turned out to be a forecast of what happened later in New York.

### *The Couples*

The four families who participated in the New York City session were selected by faculty friends of the American Social Hygiene Association. Undoubtedly the selection was not entirely haphazard, but the emphasis was on a wide spread of background:

Gordon and Betty Lewis were from Rutgers, where Gordon is an undergraduate. They have been married a bit more than a year and have a two-month old child. Betty is 19.

Morris Berkowitz is in New York University and Sandra, his wife of 10 months, attends Queens College.

Paul and Francine Oren met in France and have been married two years. They have a six-month old child. Paul is a graduate student at Yale.

Lawrence and Mary Zuccolo have been married 10 years and have two children. He is a graduate student at New York University.

### *The Warm Up*

Prior to the morning of February 4, none of the couples had met before. The discussion leader knew only the Yale family. All had seen the question-list and had received general correspondence from the Association. However, there was only a half-hour available to warm up, and this was spent mainly in getting acquainted and in discussing and agreeing on a plan for the conduct of the panel.

It was agreed that the plan would be for very informal discussion—really conversation—and that everyone would speak his mind on any question that came up. Also, the group felt that each participant had an obligation to raise questions and problems on his own.

As a means of getting acclimated, it was decided to let each couple introduce itself. Husbands were to give pre-war, service and school items, with a statement of their objectives. Wives were to deal with the human-interest items, such as ages, how they met, when married, children, and where and how now living. Also, they gave their own premarital backgrounds, their occupations, and what their goals were.

### *The Setting*

The GI's came in the mid-morning program spot. A traditionally serious, essentially professionally experienced, standing-room-only audience confronted them. From behind the green-felt-covered, microphone laden platform table the GI couples looked into a sea of friendly—but perhaps questioning—faces of their elders.



It so happened that the afternoon before this occasion, Congress had sent to the White House the long-hoped for bill to increase student veterans' allowances. It was good news, and while in the view of GI's it didn't answer all questions, it lessened one of the most vexing of their practical problems.

### *The Opening*

First, audience and students got acquainted. Then the discussion leader outlined a few of the key points that he felt were involved: These couples were not to be taken as a "representative sample" of GI student families. They were four families from among the married 35 per cent or so of two million student veterans. They were parents of four of the 188,000 children of student veterans.

He pointed out that studies were showing that veterans were making better grades than non-veterans, and married veterans with children the best. Only 19 per cent of married students found housing on-campus, according to the American Council on Education, and housing in general was a primary problem. Surveys and reports from numerous sources indicated that supplementation of GI allowances is necessary. One of three couples uses parental assistance, but cash help has proved least acceptable. In one large State University, one wife in ten is a student, and half of the rest work. With children, opportunities for wives to work disappear.

He touched on a few of the items on the question-list; food, for example: "A GI can't provide his children *both* a balanced budget and a balanced diet on \$90 or even \$120 a month." Then, turning to significant "feeling" items, questions were raised about whether these experiences were bringing husband and wife closer together because of sharing, or whether hardships were driving wedges between them. He quoted a study at a large mid-western college where several hundred GI families were asked if they would have gotten married in the first place if they knew what they know now. Three quarters said "Yes."

### *Criss-Cross*

Thus setting the problems, the GI's took over. Beginning with a very general, "What's on your mind?", from the discussion leader, questions and answers, points and rebuttals, criss-crossed the table. Only occasionally did the leader need to put in a prompting question.

The dynamic and spontaneous nature of the exchange is well illustrated by these paragraphs\* from an on-the-spot newspaper account:

"Budgeting, in-laws, housing, to-have-or-not-to-have babies—all these problems beset the married vet going to college under the GI Bill of Rights. But he still thinks he's better off than the single and unenumbered student. And his wife agrees. . . .

"Housing cropped up as the burning issue. Morris Berkowitz, clean cut, and blond, woefully reported that he and Sandra were 'dispossessed by the in-laws' and had no place to stay.

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\* Elliott, Margaret: Young Marriage vs. the GI Bill, *New York World Telegram*, February 5, 1948.

" 'We must have moved nine or 10 times,' he said. 'It's tough. We had a big blowout with Sandra's family. Now we're looking again.'

" 'Betty Lewis, just 19 and wearing no makeup, said that she and her husband and baby are lucky to have two rooms.

" 'But when the baby has colic, studying is out,' she said.

" 'Lawrence Zuccolo said if he had foreseen all the hardships he and his wife would have when they married a decade ago, 'I don't think I would go through it again.' But his wife, blue-eyed and serene, smiled and said she would.

" 'When I went in the Army,' said Lawrence warmly, 'I had a swell apartment, a kid and a good job. Now when I come back I find I can't teach without more degrees. I read in the papers, hear it from everybody that there's a teacher shortage. Well, I've had five years experience, have two degrees and can't find a job. That's why I'm working on my Ph.D.'

" 'His wife chimed in that she felt she was earning the degree too. 'I do all his typing,' she said.

#### GI STUDENT FAMILIES AT ASHA PANEL SESSION



*Left to right:* Mr. and Mrs. Morris Berkowitz, Mr. and Mrs. Gordon Lewis, Mr. Ennes, Mr. and Mrs. Paul Oren and Mr. and Mrs. Lawrence Zuccolo.

" 'Majority of the group were against any help from parents unless it could be done on a 'businesslike basis.'

" 'Scholarly looking Paul Oren said he has a 'pseudo-loan' from his parents, but that he doesn't see any chance soon for paying it back.

" 'Most of the veterans have outside jobs. Lawrence Zuccolo works as a waiter Friday and Saturday nights.

" 'The Lewises live on \$35 a week, but that doesn't include any fun or any clothes. 'I think maybe Gordon is missing a lot out of college life,' Betty sighed.

" 'Gordon shook his head. 'I feel as though I'm ahead of the game,' he said. 'By the time I graduate I'll have this marriage adjustment all worked out. I'll be set to go.'

"Lawrence Zuccolo's wife agreed. 'When Larry had to go back to college, I thought it would never work out. But I think now it's a good experience. We are closer than we've ever been and I know he'll get a good job eventually.'"

### *Impact*

There was more than a little discussion during the luncheon that followed this item on the program. And for some time folks mentioned it—with the key comments being: "It was so lively and natural!" and "Didn't those kids give you a lift, a feeling they have their feet on the ground, but their eyes high and ahead?"

If we may be permitted our own, not entirely objective, observations, we too feel (as part, ourselves, of the "younger generation" in the University sphere) that there is hope . . . that a good portion of the college population is seeing things more clearly.

One must be chary of generalizations, but for many young people the chance for early marriage, coupled with a chance for college training, means a real chance to develop that mutuality of interests and goals and understanding upon which the family structure depends and which it fosters if given the opportunity.

As to the dynamics of the group discussion technique\* rather inadequately outlined here, that, too, has a place in building for the future. Here, in a small way, a group of ordinary folk sat down to exchange thoughts and ideas, problems and successes, hopes and defeats. It was a mutuality of exchange not essentially different from that in the functioning family. And it represented a spirit of awareness of oneself and of others that we need these days.

### APPENDIX

*This is a short group of questions  
centering around one big question:*

*Is Going to College Under the GI Bill Strengthening or Weakening the GI Family?*

What do you think? Why? Would you jot down your ideas? Maybe it would be easier to get at the big question if we think of some of the things that are involved . . .

Do husband and wife have time together? A chance for relaxation at home and activity outside? Does he have time to help with chores and homemaking?

If there are children—Does father's time allow play- and care-time? How does he feel about the kids—pleasure or annoyance, a lift or a burden? Do children "know" father, or does he appear only as a disciplinarian, demanding quiet?

If there are no children—Has GI living been the reason? What are plans?

For the couples who experienced marriage before GI times, is it different now? Are they as close? Have study and other cares affected their general relationships? . . . their sex relationships? . . . attitudes toward their kids?

For those who have lived with in-laws, how's this?

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\* See References B.



There are three big practical problems also involved:

*Money:* How far does the \$90 come from covering? How and how much are you supplementing? Student working part-time? Wife working? How's housekeeping going? What about the children? Do either of you feel guilty or inadequate about your ability to provide?

*Housing:* Are you comfortable? Is there room for study? For children to play? Is efficient housekeeping possible? Laundry? What is your monthly rent?

*Food:* How are you eating? A well-balanced diet? Milk for the kids? Adults? How many times a week do you have meat? How many eggs a week per person? How much do you allow a week for food and milk? Do you go over it? (A typical week's itemized food budget or shopping list would be very helpful.)

And then there is the matter of study. Do you feel you are getting an education . . . or only a degree? Is the situation bringing you closer to each other? Do you work together? Or are time and energy (and tempers?) too short? Do money, housing and other strains detract from study?

Finally, the \$64 question: Are you happy . . . as an individual, as a family? Do you feel you are learning . . . accomplishing something . . . building for the future?

*Thanks for your interest and help*

AUTHOR'S NOTE: These questions were drafted very quickly and without much prior discussion. Time was a factor and we wanted to circulate something that might stir up a few people, especially student veteran families, to let us in on their experiences. We recognize now that it might have been a bit negative in tone—but that decidedly was not the intent!

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### Current Events and Dates Ahead

October 10-14 New York	International Association of Chiefs of Police Annual Meeting
October 14-17	National Council of Negro Women Convention. For further information write the Council, 1318 Vermont Ave., Washington 5, D. C.
November 8-12 Boston	American Public Health Association Annual Meeting
November 18-20 Detroit	Family Service Association of America, Biennial Meeting, theme to be <i>New Forces in Family Life—New Directions in Family Service</i> , Headquarters Book-Cadillac Hotel
November 26-28 Chicago	National Council on Family Relations Annual Meeting
December 8-11 Chicago	American Public Welfare Association Convention
December 28-30 Chicago	American Sociological Society Annual Meeting

## NATIONAL EVENTS

ELEANOR SHENEHON

*Director, Division of Public Information and Extension  
American Social Hygiene Association*

**ASHA National Defense Activities: Washington Office Is Re-established.**—In view of the steps now being taken by the federal government to strengthen the national defense, the Board of Directors of the American Social Hygiene Association on June 8, 1948, authorized the reestablishment of the Association's Committee on National Defense Activities. Committee Membership is as follows:

Philip R. Mather, *Chairman*, Dr. George Baehr, Mrs. Dwight S. Perrin, Major General Irving J. Phillipson (retired), Dr. William F. Snow, and Dr. Ray Lyman Wilbur.

The scope of the Association's assignment in relation to the national defense is indicated by a letter from the Honorable Oscar R. Ewing, Federal Security Administrator and Chairman of the U. S. Interdepartmental Venereal Disease Control Committee. This Committee, representing the U. S. Army, Navy, Airforce, Public Health Service and other federal agencies, requested the Association, to quote Mr. Ewing:

"To act as advisor to Central Armed Forces Disciplinary Control Board of the National Defense Establishments in matters pertaining to civilian community education and the repression of prostitution.

"To continue and expand services to supply confidential data regarding prostitution conditions in the environs of military establishments.

"To give consideration to performing the functions of the Federal Social Protection Division, which no longer exists.

"To make available to the Armed Forces, on request, educational material and advisory services.

"To bring citizen support to good law enforcement, social treatment and individual health education through the home, the church, and the school."

A special grant has been received from the United Service Organizations with which to launch this ASHA program. As one of the first steps the Association has re-established its Washington Office for liaison with government and national voluntary agencies having headquarters there. Miss Eleanor Shenehon, Director, ASHA Division of Public Information and Extension at the national headquarters, New York, has been assigned to direct the Washington Office. The address is Room 512, 1424 K Street, N. W., Washington 5, D. C.



**Army Issues New Directive Regarding ASHA Cooperation and "Off Limits" Regulations.**—Supplementing previous directives and circulars to implement the Army's program for protection of the armed forces from prostitution and venereal diseases, the following is now in effect:

AR 600-10

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## PERSONNEL

CHANGES }  
No. 9 }

DEPARTMENT OF THE ARMY  
WASHINGTON 25, D. C., 3 March 1948

(AG 250 (6 Jan 48))

13. (As added by C 8, 15 Jan 48) **Off limits.**—a. To assist responsible commanders in maintaining discipline and safeguarding the health and welfare of military personnel, establishments and areas may be declared "off limits" for troops, in which case military personnel are prohibited from entering them. Military police may be posted at entrances.

b. In the continental United States, the commanding generals of armies and the Military District of Washington will coordinate with senior officers of units and installations of the services not under their control in order to establish "off limits" for military personnel in civilian communities.

c. Normally the declaration of places or areas "off limits" will be based upon the recommendation of the appropriate Armed Forces Disciplinary Control Board (see par. 12) and, by agreement between the Army, Navy, Air Force, and Coast Guard commanders, will apply to all members of the armed forces.

d. In an emergency, a local commander may temporarily declare places "off limits" to all army personnel, reporting immediately to the appropriate army commander (or Commanding General, Military District of Washington) responsible for review of this emergency action, and if approved, for taking steps to insure that troop commanders and Navy, Air Force, and Coast Guard authorities are informed of such action.

e. In oversea commands, "off limits" for military personnel may be prescribed in accordance with the policies of the oversea commander.

(AG 250 (15 Dec 47))

14. (Added) **Agencies cooperating with armed forces in matters affecting discipline.**—a. **American Social Hygiene Association.**

- (1) The American Social Hygiene Association makes periodic studies in metropolitan areas and in communities near large military installations relative to commercialized prostitution and allied conditions affecting members of the armed forces.

\* These changes supersede C 8, 15 January 1948; sections I and IV, Circular 231, and section III, Circular 278, War Department, 1946.

- (2) Copies of such studies for locations within the jurisdiction of army commanders will be automatically furnished, in duplicate, to those army commanders who apply for this service to the Executive Director, American Social Hygiene Association, 1790 Broadway, New York 19, New York.
- (3) The Association will make special studies of specific communities at the request of army commanders. Interested subordinate commanders will request, through army commanders, such reports as are desired. Because of the limited number of investigators available to the Association, however, such requests will be held to a minimum, and ample time will be allowed for completion of the studies.
- (4) As the studies of prostitution and related conditions are the private information of the Association, any copies furnished to army commanders are for limited official use only. Care will be exercised that this material does not fall into hands of unauthorized persons, and that no publicity is given to the studies nor any part of them.

BY ORDER OF THE SECRETARY OF THE ARMY:

OFFICIAL:

EDWARD F. WITSELL  
*Major General*  
*The Adjutant General*

OMAR N. BRADLEY

*Chief of Staff, United States Army*

**Army Chaplains Honored on 173d Anniversary:** July 29, 1948 marked the 173d anniversary of the Corps of Chaplains of the United States Army, with commemorative observances held many places throughout the country. The Army in all its establishments, no matter where, always has a representative of the Corps of Chaplains to speak for the well-being and comfort of the soldiers. In recent years several memorials have been established in honor of the four Army chaplains who sacrificed their lives to save others when the troop transport *Dorchester* was torpedoed off the coast of Greenland February 3, 1943. A three-cent stamp was issued in May, 1948, in their honor, last year a therapeutic pool for disabled veterans was dedicated to their memory at Bronx Veterans Hospital, New York, and an interfaith memorial chapel is now under construction in Philadelphia.

Major General Luther D. Miller, Army Chief of Chaplains, issued a special invitation to all faiths to join on this 173d anniversary in honoring chaplains, both living and dead, who have labored so valiantly in the service of their country.

**New Appointments in Navy Department's Bureau of Medicine and Surgery:** U. S. Navy Surgeon General C. A. Swanson announced July 2 the appointment of Captain Robert W. Babione (MC) as Chief of the Preventive Medicine Division of the Bureau of Medicine and Surgery. Captain Babione succeeds Captain Otto L. Burton who following 3 years as Chief of the Preventive Medicine Division, on July 2 was assigned to the U. S. Naval Hospital, Quantico, Virginia, as Executive Officer. Captain Babione's assignment follows



his completion of a course at Johns Hopkins University where he received the degree of Master of Public Health.

Lieutenant J. P. Ray is currently in charge of the Navy venereal disease control program, succeeding Commander Rexel Goodman.

**Establishment of Federal Security Agency Regional Offices:** Federal Security Administrator Oscar R. Ewing has announced the establishment of ten Regional Offices, each office to include all units of the Agency, Employment Service, Children's Bureau, Public Health Service, Office of Education, Food and Drug Administration, Office of Vocational Rehabilitation and the Bureau of Employees' Compensation. Hitherto, the various units have been separately administered; e.g., the Social Security Administration has functioned through eleven regional offices, the Employment Service through twelve, and the Public Health Service through eight. The new plan will provide the States and general public with one center of contact for all programs.

Following are the newly appointed Regional Directors, with States covered in each region and headquarters city.

Regional Director	Region	States Covered	Headquarters Regional
John F. Hardy	I	Maine, Vermont, New Hampshire, Massachusetts, Connecticut, Rhode Island	Boston, Mass.
Joseph B.O'Connor	II	New York, Pennsylvania, New Jersey, Delaware	New York, N. Y.
Ervall R. Coffee	III	Maryland, District of Columbia, West Virginia, Virginia, North Carolina	Richmond, Va.
J. Kimball Johnson	IV	Michigan, Ohio, Kentucky	Cleveland, Ohio
Ed McDonald	V	Minnesota, Wisconsin, Illinois, Indiana	Chicago, Ill.
Richard H. Lyle	VI	Tennessee, Mississippi, Alabama, Florida, South Carolina, Georgia	Atlanta, Ga.
James W. Doarn	VII	North Dakota, South Dakota, Nebraska, Kansas, Iowa, Missouri	Kansas City, Mo.
James H. Bond	VIII	Louisiana, Arkansas, Texas, Oklahoma, New Mexico	Dallas, Tex.
Heber R. Harper	IX	Montana, Idaho, Wyoming, Utah, Colorado	Denver, Colo.
Fay W. Hunter	X	Washington, Oregon, California, Nevada, Arizona	San Francisco, Calif.

**Federal Funds Allocated for Mental Health Activities:** Federal funds in the amount of \$9,028,000 have been allocated for 1949 to finance a three-fold program of research on mental illness, the training of mental health personnel and the development of local mental health facilities, in addition to mental health activities within the U. S. Public Health Service. This program was authorized by Congress in 1946. Of the nine million dollars, Congress appropriated \$3,550,000 for grants-in-aid to States to be used for developing and expanding mental



health programs at the state and community level, including such activities as central administrative services, clinics, professional consultative services, training of personnel for state and local work and educational activities. Funds are allocated to the States on a matching basis, two Federal dollars to every state dollar.

Two million dollars was appropriated for training and research grants and fellowships, these grants to go to universities, hospitals and clinics to support their programs and to provide stipends in the fields of psychiatry, clinical psychology, psychiatric social work and psychiatric nursing.

**Dr. Studebaker Resigns as Commissioner of Education:** Dr. John W. Studebaker, Commissioner of Education for 14 years, resigned June 29 to become vice-president and chairman of the editorial board of *Scholastic Magazines*, publishers of magazines for pupils. In his letter of resignation to President Truman Dr. Studebaker stated he could no longer afford to remain in government service at the salary level of \$10,000 provided for the Commissioner's office. Rall I. Grigsby, a member of the Office of Education staff since 1939, has been designated as Acting Commissioner. The Office of Education supervises the expenditure of Federal funds by land-grant colleges, administers Federal vocational education laws, conducts educational research and provides consultative and advisory services to school officials.

**Bailey B. Burritt Resigns from National Health Council:** The resignation of Bailey B. Burritt, executive director of the National Health Council since early 1947, was announced June 30 by its president, Mr. Philip R. Mather. The work of the Council continues under the administration of Dr. John W. Ferree, associate director, until a successor to Mr. Burritt is appointed. Mr. Burritt will continue to serve as Chairman of the ASHA Executive Committee.

Under Mr. Burritt's direction, and aided by the Rockefeller Foundation, the Council has been able to launch a revitalized program. One of the most notable projects is sponsorship of local health units, beginning with the Princeton Conference of September 8-10, 1947.\* At present the National Advisory Committee on local health units numbers 45 members, 25 being representatives or official observers of national citizen groups from the fields of farm, labor, business and others, and 20 of voluntary or professional health agencies. A meeting of the Advisory Committee is planned for December 2, 1948, at which time the committee organization will be completed and the 1949 program planned. Current activities include a two-day five-state regional conference in Salt Lake City October 6 and 7, the continuance of the *Bulletin on Local Health Units*, possible publication of a specific pamphlet on what a health unit can do and how to go about getting one, exploration of possibilities of getting the program discussed in popular national magazines of wide circulation, and of having a film made.

\* See JOURNAL OF SOCIAL HYGIENE, November, 1947, March and June, 1948.

**American Medical Association Holds 101st Annual Meeting:** 12,000 physicians met in Chicago June 21 for their five-day annual meeting, focusing major attention on cancer, heart disease, high blood pressure and accidents, the four leading causes of death in the United States. In addition to the scores of papers read, a feature of the convention was the use of television, with faculty members of Northwestern University's medical school performing difficult operations, skin grafting, the demonstration of a new suction type of artificial limb, the birth of a baby by Caesarian operation, the surgical repair of nerve injuries. Each day a different televised operation was shown.

Another high point of the meeting was the 185 scientific and technical exhibits on Chicago's huge Navy Pier where the 500 exhibitors translated research studies and discoveries of the last year into practical application. Among the exhibits was one planned by Dr. Walter Clarke, Executive Director of the ASHA, on blood testing for syphilis among industrial workers.<sup>1</sup> Miss Shenehon assisted Dr. Clarke at this exhibit.

Among the honors given during the meeting was the 1948 Passano Foundation Award to Dr. Helen B. Taussig, Associate Professor of Pediatrics, and Dr. Alfred Blalock, Professor of Surgery at Johns Hopkins University School of Medicine in Baltimore for their development of the "blue baby" operation for children with congenital heart disease.

Dr. Roscoe L. Sensenich of South Bend, Indiana, was installed as 1949 president, Dr. Ernest E. Irons, 71 year-old president of the Chicago Municipal Tuberculosis Sanitarium being chosen president-elect.

**American Public Health Association to Hold Annual Meeting November 8-12:** The Executive Board of the **APHA** has announced the 76th Annual Meeting of the Association will be held in Boston November 8-12. This congress of professional public health workers, the largest of its kind held anywhere in the world, will be attended by representatives from all parts of the United States, Canada, Cuba, Mexico, Latin America, Europe and Asia.

Meeting with the APHA will be many related organizations which select the same time and place as the Association for their annual meetings.

A general outline of the program indicates that on Monday, November 8, the related organizations, as well as the Governing Council, will meet; and on Tuesday, Wednesday, Thursday and Friday Association Sections and Special Sessions meetings will be scheduled on a wide range of subjects for all public health specialists.<sup>2</sup> General Sessions

<sup>1</sup> See May, 1948, *JOURNAL OF SOCIAL HYGIENE*, p. 218.

<sup>2</sup> See September *American Journal of Public Health* for copy of preliminary program of the scientific sessions.



will be held on Tuesday and Thursday evenings, the first to include the Presidential Address of Dr. Martha Eliot on *The Cultivation of Our Human Resources for Health in Tomorrow's World*, and the presentation of the Sedgwick Memorial Medal, the second to be the Banquet Session at which the Lasker Awards will be conferred and new officers introduced. The program is planned so that delegates may have free time to spend in the exhibit hall, where, it is predicted, exhibits will be more numerous, more arresting and more helpful than ever.

In the several Section programs there are scheduled a number of papers of considerable interest to social hygiene workers, including Reuben L. Kahn's *Differentiation Between Syphilitic and Non-syphilitic Serologic Reactions*, a preliminary report on *The Possible Prevention of Gonorrhea with Penicillin Tablets* by Harry Eagle, M.D., et al, *Results in Sixteen Major Areas of Investigation of Contacts of Patients with Early Syphilis* by Theodore J. Bauer, M.D., and *Simplified Case-finding Procedure for Congenital Syphilis* by Frank P. Bertram, D.D.S.

Further information about the meeting may be obtained from Dr. Reginald M. Atwater, Executive Secretary, APHA, 1790 Broadway, New York 19, N. Y.

Hotel reservations should be made through the Housing Bureau, Boston Chamber of Commerce, 80 Federal Street, Boston.

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### American Ideals in Action

"At the core of our democratic tradition is the American ideal of working, living, giving together so all may benefit. It is significant that America gave birth to the plan and practice of voluntary welfare groups teaming together for joint planning and federated financing for everybody's benefit. Success in this cause not only will bring the satisfaction of proving to ourselves that an American ideal can be made to work, but will serve as a demonstration in practical democracy for eyes trained on us from all the galleries of the earth."

HARRY TRUMAN

*President of the United States, in a  
letter to HENRY FORD, II, Chairman,  
Community Chests of America.*



## NEWS FROM THE STATES AND COMMUNITIES

ESTHER EMERSON SWEENEY

*Associate Director, Division of Public Information and Extension,  
American Social Hygiene Association*

**California: Sacramento County Social Hygiene Society Launches New Publication.**—Beginning with a July issue, the Sacramento County Social Hygiene Society has undertaken publication of a monthly newsletter. This issue features articles on *Social Health*, *Progress in VD Control*, and the ASHA program, reviewing activities of the national organization since its inception in 1913. The bulletin also covers international news in the VD field and reports on family life training in colleges and universities throughout the country.

Officers of the Society are: Rev. Theodore C. Abell, president; Mrs. Perry Simpson, vice-president; Mr. Roy W. Sullivan, secretary and Mrs. B. E. Eastburn, treasurer. Recently elected board members are: Mrs. Mary Ann Hawthorne, Mrs. Henrietta Horton, Rev. T. A. Youngquist and Mr. Al Haney, the first three, together with the four officers, forming the Executive Committee.

**Massachusetts Society Elects Officers for 1948-9.**—On April 28 at its annual meeting the Massachusetts Society for Social Hygiene re-elected Dr. George Gilbert Smith president, Mrs. Harry C. Solomon vice-president, Mrs. Evangeline H. Morris secretary and Mr. William Wadsworth treasurer. Mrs. C. Douglas Mercer of Brookline and Dr. Alfred L. Frechette, health officer of Brookline, were elected to the executive committee. Re-elected were: Rev. Paul Harmon Chapman, Dr. William Leroy Fleming, Dr. Vlado A. Getting, Dr. Augustus S. Rose and Mrs. Eva Whiting White.

Several new members joined the MSSH board of directors last spring: Mrs. Alan Steinert, Mrs. Arthur T. Lyman, Rev. Cornelius T. H. Sherlock, Dr. Nicholas J. Fiumara and Mrs. F. Frank Vorenberg.

**Missouri Social Hygiene Association Continues Educational Efforts.**—The educational efforts of the Missouri Social Hygiene Association, under the direction of Dr. Harriet S. Cory, executive secretary, continue to widen and include more and more volunteers of all ages, according to the "success story" contained in their July Bulletin.\* This educational program has been concentrated in St. Louis' Beaumont and Mill Creek Districts, both having high VD rates. The immediate objective of the campaign, with most of the work done by volunteers, was to induce as many people as possible to have a blood test.

\* See JOURNAL OF SOCIAL HYGIENE, May, 1948, page 221; also *Social Hygiene Gets Down to the Grass Roots* by Harriet S. Cory, JOURNAL OF SOCIAL HYGIENE, October, 1945.

Neighborhood social hygiene committees planned blood test stations located so people could reach them easily. Then began the campaign to bring the people in—staff, committee members, ministers and volunteers talking to groups; commercial theaters, City Health Department and teachers showing movies to 23,000 persons, newspapers giving publicity, the local radio station giving spot announcements and three interviews. Doctors and nurses after their regular day's work made the blood tests, aided by a bevy of volunteers. Churches cooperated, with ministers making announcements from their pulpits and ushers in 79 churches passing out cards; students made posters and schools sent notices home by the children. Five hundred came for their blood tests as a result of this wide campaign. An interesting two-column article by Dr. Cory entitled, *The Search for VD Cases*, was carried on the editorial page of the May 11 St. Louis *Post-Dispatch*, as a part of the educational program.

New Board Members are: Mrs. E. W. Broemmelsiek, Mr. Avery Carp, Dr. O. P. J. Falk, Mr. David R. Mars and Mr. C. Kenneth Thies.

**Missouri: Social Hygiene Committees Planned in Smaller Towns.**—Cooperating with the ASHA, the Missouri Social Hygiene Association is taking the initiative in the eastern part of the state in establishing social hygiene committees in towns of moderate size. During the summer committees were organized in Columbia and Cape Girardeau, Dr. E. F. Van Buskirk of Stephens College being chairman of the former and Rev. Bayard Clark of Christ Episcopal Church acting as chairman of the latter.

**New York: Harlem Council on Social Hygiene Issues Annual Report.**—The three year old Harlem Social Hygiene Council has issued an annual report, prepared by Harriet I. Pickens, executive secretary, which well covers their activities, special projects and problems, and their objectives for 1948.

The report states, "It is a basic truth that venereal diseases are diseases of poverty and ignorance and that they cut across all racial, nationality and occupational lines." It further points out that at present the Negro is at the bottom of the ladder, economically and educationally, and therefore might be expected to have high venereal disease rates. The Harlem Council believes from their experience that progress can be made in the control of venereal disease, in spite of this difficulty, by approaching the problem through community cooperation and sound public health education, and they continue to carry out the objectives established by its founders three years ago: "to stimulate programs of social hygiene education, action to improve enforcement of social protection laws and efforts to expand medical facilities for diagnosis and treatment."

The Council has worked with various community agencies—schools, group work agencies, parents' groups, church groups, hospitals and health groups, business organizations and government agencies—in giving institutes for leaders, lectures, discussions and film showings for adults and young people.



In the medical field, the Council arranged for local physicians to visit and observe sessions of the Social Hygiene Clinic of the Central Harlem Health Center, so they might study the latest methods of diagnosis and treatment of venereal diseases. They observed history taking, physical examinations, diagnostic methods, laboratory examinations, contact case follow-up procedures and treatment methods for all the venereal diseases.

The Council obtained the cooperation of various types of business organizations during the year, giving assistance in planning and conducting social hygiene programs for employees, distributing pamphlets, giving lectures and showing films.

Their aims for 1948 are set high. They plan to evaluate the effectiveness of their three-year program, to explore and develop new community approaches to social hygiene education and venereal disease control and to determine the areas and groups through which control can be most rapidly effected. With the development of new social and economic problems in the community caused by rapidity of treatment, the hospitalization of early cases and the increased reinfection rates, the Council feels challenged to discover new methods and techniques to meet these problems.

The Harlem Council is located at 2238 Fifth Avenue, New York City.

**New York: Institute for Public Welfare Training Stresses Social Hygiene.**—Those attending the N. Y. State Institute for Public Welfare Training heard Dr. Leonard S. Cottrell, new dean of Cornell's Arts and Sciences College, on July 27 urge sound training in human relations in schools and colleges throughout the country. The institute is sponsored jointly by Cornell University, the N. Y. State Welfare Department and the N. Y. Public Welfare Association. Dean Cottrell asserted that in the past we have trained people technically but have given no attention to the most important field—that of human relations.

In speaking of what makes a happy marriage Dean Cottrell said, "Happiness in marriage is today dependent on psychologically mature personalities who have an understanding of themselves and their relations to other people and who have a sense of responsibility for contributing their share to the welfare and happiness of others."

Dean Cottrell holds that the state of the American family today is "healthier" than in the past in that families are held together not through fear of public opinion and outside pressures but through satisfaction from inner values like affection and companionship, "values that can't be forced." He states that we are now in a transition period during which we have not yet been able to develop successfully the new knowledge and skills dealing with human relations. He cited as a handicap the lack of people qualified to teach a sound program and scarcity of training facilities.



**New York City Health Department Establishes New Clinic.—**

Shortly after Labor Day a new "pilot clinic" at 303 Ninth Avenue was opened, according to Commissioner of Health Harry S. Mustard. The clinic will offer consultation services to local physicians treating victims of venereal diseases, tuberculosis, tropical diseases, acute infections of the central nervous system, and for school children suffering from heart, limb, eye or dental defects. A major phase of the clinic's work is making available diagnostic skills of medical specialists to all needy patients referred by private physicians for diagnosis of chronic and non-infectious ailments such as heart disease, diseases of the blood vessels, cancer and diabetes. Nutrition and mental hygiene problems will be considered. A third service is conducting of periodic examinations of healthy persons as a means of obtaining data to indicate the true health status of individuals at various age levels and to emphasize the advisability of such examinations for all adults. Dr. Mustard has said that the entire project may usher in a new era in which preventive medicine can be applied to the maintenance of public health.

**New York Tuberculosis and Health Association Publishes Annual Report.—**

In an attractively designed and illustrated booklet the New York Tuberculosis and Health Association recently presented its April 1947–March 1948 annual report on its work in the boroughs of Manhattan, Bronx and Richmond.

An important phase of the Association's work is their social hygiene program, directed by a committee of distinguished doctors, lawyers, sociologists and educators. This committee aids in the prevention, diagnosis and treatment of the venereal diseases, prepares educational materials and promotes facilities for the education of children and youths in sex-character education, organizes courses on preparation for marriage and family living, studies legislation and community conditions affecting social hygiene. The past year brought increased demands for discussion courses on Marriage and Family Living, the Association responding with 10 courses and 101 lectures given to 4,562 men and women. Courses of a different type were given for several boys' group organizations.

Other social hygiene activities include publications for parents, a report on the diagnosis and treatment of cardiovascular syphilis, preparation of a report, *Education for Personal and Family Living*, published by the ASHA, compilation of a venereal disease clinic directory and publication of reports on the diagnosis and treatment of gonorrhea.

Also, in the past year the Association drafted a bill now pending before the State Legislature to establish a special court to handle cases involving wayward girls between 16 and 21 years of age. The Bill is designed to eliminate as much of the criminal aspects of wayward girl cases as possible by channeling them through a new Court to be known as *The Girls' Term*.

Dr. Jacob A. Goldberg continues to serve as Secretary of the NYTBA Social Hygiene Committee, with headquarters in the Association's offices at 386 Fourth Avenue, New York 16. Dr. Kendall Emerson is president of the organization, with Dr. Herbert R. Edwards as Executive Director, succeeding Frank Kiernan, who has retired.

**New York City Holds Forum on VD Control.**—A comprehensive series of lectures and demonstrations on the diagnosis, treatment and management of the venereal diseases, sponsored by the Health Department's Bureau of Social Hygiene, was begun at the New York City Health Department September 18 to continue through December 18. Fourteen weekly meetings are planned, presided over by experts in the various special fields of VD control. Sessions start at 10:30 A.M. and are held at the Health Department, 125 Worth Street, Manhattan. These informal and discussion meetings require no registration fee. Lecture topics have been selected to appeal to all groups who have a part in VD control—physicians, social workers, nurses, laboratory workers, industrial medical personnel and teachers.

The schedule of lectures follows:

Date (Saturday)	Topic
September 18.....	Practical Aspects of Immunity in VD
September 25.....	Treatment of Gonorrhea
October 2.....	The Public Health Nurse's Part in the Venereal Disease Control Program
October 9.....	Treatment of Early Syphilis
October 16.....	Late and Latent Syphilis
October 23.....	Interviewing the Venereal Disease Patient
October 30.....	Cardiovascular Syphilis
November 6.....	Treatment of Neurosyphilis
November 13.....	Human Relations and the Venereal Disease Patient
November 20.....	Workmen's Compensation Aspects of VD
November 27.....	Interpretation of Serological Reports
December 4.....	Advances in the Treatment of the Minor VD
December 11.....	Syphilis in Pregnancy
December 18.....	Differential Diagnosis of Early Syphilis

**North Carolina: Dr. Reynolds Succeeded by Dr. Norton as State Health Officer.**—Dr. Carl V. Reynolds, state health officer since 1934 and a long-time friend of social hygiene who was elected to ASHA honorary life membership in 1948, retired, according to previous plans, on July 1, 1948. He is succeeded by Dr. J. W. Roy Norton.

Dr. Norton, a native North Carolinian, has had wide training and experience. Holding an M.D. degree from Vanderbilt and Master of Public Health from Harvard, he has served on the N. C. State Health Board staff, as professor of Public Health Administration at North Carolina's University and in responsible war-time medical capacities on the staffs of General Eisenhower and General Patton. In 1945 he became Chief Health Officer for TVA, leaving this post to return to North Carolina as state health officer.



**North Carolina Social Hygiene Society Announces New Director.**—*Better Health*, spokesman of the North Carolina Social Hygiene Society, in the June-July issue announces the appointment of Felix A. Grisette as the Society's new executive director. He succeeds Capus Waynick, director since the Society's incorporation in 1946, who has resigned. Mr. Grisette, a native of North Carolina and a graduate of the University of North Carolina, has had extensive experience in newspaper, public relations and organization work in his home state, Pittsburgh and New York.

In another article in this issue of *Better Health* a report is given on a course in personal and family relationships held in schools in Catawba which won the approval of students, teachers and parents. Using ministers, a public health nurse, and health educators as speakers, sessions were planned on: *The Home as a Unit in Society*, *What It Costs to Have a Home*, *Emotional Growth and Development*, *Boy-Girl Relationships* and *Physiology and Anatomy*.

**Oregon: Jackson County Social Hygiene Committee Plans Project in Interest of Children.**—F. G. Scherer, director, Division of Social Hygiene Education of the Oregon Tuberculosis and Health Association, reports that the Division's affiliate, the Social Hygiene Committee of the Jackson County Public Health Association, has planned a "grass roots" project, to be launched October 19, of calling on every home in the county in the interest of children and youth. The purpose of the project is to acquaint adults, especially parents, with the services available to them through the churches, schools, health, social welfare and character building agencies of the county. The particular stake of the social hygiene workers is to let every parent in the county know where to find information for sex education in the home and to invite his participation in group study. The community wide project was set up as a result of the response given by parents to previous visits made by members of the Social Hygiene Committee.

Training of the corps of 200 or more visitors will include a series of four sessions, where they will learn to interpret the services of the various agencies for children and youth and for parents themselves. While they will not commit the agencies to any specific line of action, they can make immediate referrals to the proper agencies for further contacts. Following the training they will go into the field and will continue with the project until the objective of calling on each home in the county is met.

It is hoped that growing out of the project will be a heightened interest in youth groups and that more voluntary leaders for them can be enlisted. A leadership training course of six meetings, under the direction of the best leaders in the state, will be held soon after the first of the year 1949.



## EDUCATIONAL NOTES

BETTY A. MURCH

*Assistant Director, Division of Education and Public Health  
American Social Hygiene Association*

**American Institute of Family Relations Holds Marriage Counseling Workshop:** To provide practical training in modern techniques of marriage counseling, the American Institute of Family Relations, directed by Paul Popenoe, offered a week of intensive work beginning August 2. The program was designed to meet the needs of teachers in high school and college who are giving courses in family life, clergymen, physicians, social workers, leaders of youth organizations and community enterprises by showing the latest and most effective methods of improving family life through counseling, together with the use of temperament analysis as an adjunct to such counseling.

Morning sessions were devoted to discussion and illustration of the techniques of marriage counseling, amplified in the afternoon by actual demonstrations of counseling in simulated interviews. The last hour in the afternoons was set aside as a laboratory period for students to investigate problems of most interest to them.

**Indiana: Indianapolis Society Reports Successful Institute:** An *Institute on Development of Personality*, held at the University of Indiana June 23, 24 and 25 under the leadership of Dr. Paul Popenoe of the American Institute of Family Relations and sponsored by the Indianapolis Social Hygiene Association, the Indiana University School of Health, the State Department of Health and the Indiana Congress of Parents and Teachers, has been reported a great success by Mrs. Meredith Nicholson, executive secretary of the Indianapolis Social Hygiene Association.

Registrations showed 96 regular attendants, plus a number who came in for one or more of the sessions, the enrollees being teachers, public health educators and nurses for the most part, with a few principals and school administrators included.

A helpful complement to the Institute was the showing of the film, *Miracle of Living*.

**Family Life Institute Sponsored by New York University:** Sponsored by New York University's summer session, an annual Family Life Conference was held in mid-July at Chautauqua, New York, as part of the 75th anniversary program of this resort. A huge expansion of the nursery and kindergarten programs of the nation's public school system was advocated by the educators, who stated that fully 3,000,000 children between the ages of four and six have no type of public kindergarten. Miss Amy Hostler, Dean of the Mill School, New York City, urged the establishment of 50,000 new nursery and kindergarten centers, requiring 300,000 new teachers. She proposed

immediate steps to train personnel. It was agreed by Institute attendants that only through Federal aid can school programs be brought up to the minimum standard needed today.

**Ohio: Cincinnati Has Largest Institute in History:** Roy E. Dickerson, Cincinnati Social Hygiene executive secretary, reports that the summer institute, *Education for Family Life*, held June 28 to July 3, was the largest in Cincinnati's history. The institute, held at the University of Cincinnati with the cooperation of the Cincinnati Social Hygiene Society and the American Institute of Family Relations, drew representatives from New York, West Virginia, Pennsylvania, Maryland, Michigan, Tennessee, Kentucky, Alabama and Ohio. Courses, under the leadership of Roy E. Dickerson and Paul Popenoe, were concentrated on education for family life and counseling on marital problems and were designed for counselors, teachers, clergymen, social workers, lawyers, physicians, nurses and executives of community and youth organizations.

**Dr. Leshner in the Field:** During the months of February, March, April and May of this year Dr. Mabel Grier Leshner, ASHA Educational Consultant, visited twenty-one cities in ten states. To some states and cities she returned several times, as was the case of Ohio, Baltimore, Maryland and Philadelphia, Pennsylvania. Approximately 7,500 persons had the pleasure of hearing Dr. Leshner at meetings. Scores of others had the opportunity for individual conferences.

Following the completion of three Rutgers University fall semester courses in *Methods and Materials in Education for Family Life*, offered at Hackensack, Red Bank and Toms River, New Jersey, Dr. Leshner proceeded to carry out assignments in communities which were eagerly awaiting her. A bird's eye view of her schedule is all that space will allow, but no matter in what detail her program might be outlined, it would still only vaguely convey the breadth and scope of value and benefit which she was able to give to communities and individuals who had the privilege and opportunity of hearing her and conferring with her.

**Dayton, Ohio February 9-11:** Sponsored by the Dayton Social Hygiene Association and the Dayton Junior Association of Commerce, an institute on *Social Hygiene Aspects of Family Life*, consisted of three evening meetings open to the public. Two speakers participated in each meeting. Dr. Leshner spoke on *Boy and Girl Relationships in the Modern World* and *Human Relations to Be Taught in Schools*. Other speakers participating in the institute were Dr. Alphonse H. Clement, professor of sociology, Catholic University of America, who spoke on *Youth Looks at Marriage*, Dr. J. Gordon Howard, president of Oberlin Otterbein College and Rabbi Selwyn Ruslander, Rabbi of Temple Israel who discussed *Spiritual Development* and Dr. Carl A. Wilzbach who spoke on *Appreciating Parenthood*. Total attendance at the institute meetings was 900.



At the Social Hygiene Day luncheon meeting on February 9 Dr. Leshner spoke on *Preservation of the Family; the Primary Good of Social Hygiene*.

At a luncheon meeting of the Civitan Club, her topic was *Modern Youth Need Modern Parents*, and the Business Men's Cooperative Club heard her speak on *The Changing Role of Parenthood*.

Dr. Leshner addressed superintendents, principals, deans, coaches and other school personnel. The type of integrated program of sex education which she presented was enthusiastically endorsed by the superintendent of schools and others.

At Bonebrake Theological Seminary the faculty and students listened to an address on *The Minister's Role in Family Counseling*.

**Baltimore, Maryland, February 19, 26 and March 4:** On these dates Dr. Leshner conducted the sessions on *Sex Education—One Phase of Human Relations*, one of the courses in the Professional Study Activities offered by the Department of Education, Baltimore, Maryland, under the direction of Dr. Lillian B. Davis, supervisor of health education. Dr. Leshner covered Methods and Materials of Sex Education with discussion of special problems.

**Saratoga Springs, New York, March 1, 2:** This program was sponsored by the Saratoga County Tuberculosis and Health Association, of which Miss Gertrude E. Hodgman is executive secretary. Meetings were held with parents, teachers, school administrators and community leaders.

**Indiana, March 7-18:** Indianapolis, Terre Haute, New Albany, Gary, Fort Wayne and Delphi were the cities visited during this ten day program sponsored by the Indiana Social Hygiene Association of which Mrs. Dorothy Buschman is executive secretary. School administrators, teachers, educators, ministers, nurses, scout leaders, and parents had the opportunity to hear Dr. Leshner and were actively interested.

**Tennessee, April:** During the month of April a week was spent in each of the following cities: Knoxville, Chattanooga and Memphis. In Knoxville, where Dr. Leshner's schedule was arranged by Dr. W. H. Enneis, City Health Officer, faculty members of the University of Tennessee, students in the Public Health, Education, Biology and Sociology departments, city school teachers, parents, nurses, YWCA, PTA, Council of Social Agencies and other groups were given the benefit of Dr. Leshner's wise counsel.

In Chattanooga a splendid program, arranged by Mrs. Ruth McCafferty, Supervisor of Language Arts and Special Projects, Chattanooga Public Schools, was carried through.

Other Tennessee engagements in **Memphis**, and participation in Family Life Week at **Mississippi Southern College** in Hattiesburg, Mississippi, April 26-27, made up a full Spring schedule for Dr. Leshner which has produced increased interest and expanded programs, with many new requests for her services.



## WORLD NEWS AND VIEWS

JEAN B. PINNEY

and

JOSEPHINE V. TULLER

Director

Assistant Director

LIAISON OFFICE FOR INTERNATIONAL SOCIAL HYGIENE AGENCIES  
AND ACTIVITIES  
AMERICAN SOCIAL HYGIENE ASSOCIATION

## News from the United Nations

**Achievements of the World Health Assembly.**—Meeting in Geneva, Switzerland from June 24 to July 24, with delegations or observers from 68 nations attending, and Dr. Andrija Stampar (Yugoslavia) Chairman of the WHO Interim Commission, presiding, the first World Health Assembly achieved its chief objective, to forge the permanent structure of the World Health Organization, and set its program in action. When the Assembly concluded it had the following record of achievement:

Programs and subjects covering a range of over fifty health activities had been considered for 1949 action and priorities had been assigned. Priority number one was given global campaigns against malaria, tuberculosis, and venereal infections and to promote maternal and child welfare, better nutrition, and environmental hygiene (the latter term includes sanitary engineering, housing, town and country planning, natural resources, et cetera).

Dr. Brock Chisholm, of Canada, internationally known psychiatrist, had been elected WHO's first Director-General.

An 18-member Executive Board had been named, which met immediately.

A budget of \$4,800,000 had been approved for the rest of 1948 (including repayment of a \$2,000,000 loan from United Nations), and a budget of \$5,000,000 had been approved for 1949. The latter was \$1,324,700 short of the minimum proposed.

Geneva had been selected as WHO's permanent headquarters and five areas had been designated for regional offices: Europe, Eastern Mediterranean, Western Pacific, Southeast Asia, and Africa. Negotiations were also entered into with the Pan American Sanitary Bureau to become integrated in WHO and serve as regional headquarters for the Western Hemisphere.

Agreements were drafted for cooperation with other agencies in the health field such as the International Labor Organization, Food and Agriculture Organization, and United Nations Educational, Scientific and Cultural Organization.

"While these actions were being taken by the Assembly," says a recent statement, "the work of the WHO field missions continued in the war ravaged countries, more WHO fellows were placed, needed medical supplies and literature went forward, standardization of biologicals and nomenclature progressed, and the epidemiological and quarantine services quietly functioned, along with many other activities which have been effectively conducted under the direction of the WHO Interim Commission since that body was set up two years ago at the International Health Conference called in New York by the United Nations." \*

As previously noted in the JOURNAL (page 280, June issue) the United States sent a delegation of 21 persons to the Assembly, headed by Dr. Thomas Parran, former U. S. Public Health Service Surgeon General and now Chief of the Far East Medical Mission, UN International Emergency Children's Fund. Dr. James R. Miller, American Medical Association Trustee, and Dr. Martha M. Eliot, Associate Chief, U. S. Children's Bureau, were the other principal delegates.



DR. PARRAN



DR. ELIOT

**WHO's First Director-General.**—Dr. Brock Chisholm, elected as the first Director-General of the new World Health Organization, brings to his new post broad practical experience and a record of distinguished national and international service.

Born in Oakville, Canada, 52 years ago, he served in the Canadian Army during the first World War as an enlisted man before receiving his commission. The latter part of the second World War found him serving the Army as Director-General of the Medical Services, a post which corresponds to the U. S. Army's Surgeon General, and prominent as one of the developers of the Pulhems system for

\* It will be recalled that the Health Conference was the first international congress called by the UN, indicating the world-wide importance attached to this subject in the minds of men and women of all lands and races.

determining aptitudes through physical and psychological tests. In the years between he studied medicine, receiving his M.D. from the University of Toronto, and interning in England. He practiced general medicine in his native Canada, studied Human Relations at Yale University, and returned to England to specialize in psychological medicine which he later practiced for six years in Toronto.

In November 1944 he became Canada's first Deputy Minister of Health in the new Department of National Health and Welfare, resigning in 1946 to become Executive Secretary of the Interim Commission of the World Health Organization.

Among the many honors which he has received in recognition of his work was a citation in connection with the 1945 Albert A. and Mary Lasker Award for "safeguarding the mental health of Canadian soldiers as a psychiatrist, soldier, philosopher, and administrator."



DR. VAN ZILE HYDE



DR. CHISHOLM

**The WHO Executive Board.**—The following 18 countries, selected with an eye to geographical distribution, and with terms assigned by lot, are serving on the Executive Board of the new UN Specialized Agency (which, by the way, is the ninth to be set up in the United Nations program).

*For one year:* Australia, Ceylon, Iran, Norway, United Kingdom, United States.

*For two years:* Brazil, China, Egypt, France, Mexico and the U.S.S.R.

*For three years:* Byelorussian S.S.R., India, Netherlands, Poland, Union of South Africa, and Yugoslavia.

Future elections will be for the full three-year term.



The following members are serving on the Executive Board:

*Chairman:* Sir Aly Tewfik Shousha, Pasha, Egypt.

<b>Australia:</b> Dr. G. M. Redshaw	<b>Netherlands:</b> Dr. C. van den Berg
<b>Brazil:</b> Dr. G. H. dePaula Souza	<b>Norway:</b> Dr. K. Evang
<b>Byelorussian S.S.R.:</b> Dr. N. Evstaviev	<b>Poland:</b> Dr. B. Kozusznik
<b>Ceylon:</b> Dr. S. F. Chellappah	<b>Union of South Africa:</b> Dr. A. J. van der Spuy
<b>China:</b> Dr. W. W. Yung	<b>U.S.S.R.:</b> Dr. N. A. Vinogradov
<b>France:</b> Professor J. Parisot	<b>United Kingdom:</b> Dr. M. Mackenzie
<b>India:</b> Colonel C. Mani	<b>United States:</b> Dr. H. Van Zile Hyde
<b>Iran:</b> Dr. M. H. Hafezi	<b>Yugoslavia:</b> Dr. Andrija Stampar
<b>Mexico:</b> Dr. J. Zozaya	

The Board will meet for its second session in Geneva on October 25 next.

**World Health Assembly Approves Program for Combatting Venereal Diseases.**—Supporting the WHO Interim Commission's approval of recommendations made by the WHO Expert Committee on Venereal Diseases at the latter's first meeting in January, 1948, the First World Health Assembly in the course of its sessions in Geneva approved the following resolution, drafted by a working party of the Assembly's Committee on Programme:

#### FIRST WORLD HEALTH ASSEMBLY

##### SECOND REPORT OF THE COMMITTEE ON PROGRAMS

##### *Section 12.1.6 Venereal Diseases (Off.Rec.WHO, 10, page 9)*

The Committee recommends that the World Health Assembly adopt the following resolution:

That the programme and organization as indicated on page 9 of *Off.Rec.WHO.10*, should be accepted, with the exception of the section on "A panel of corresponding members" which is recommended for reference to the Executive Board.

The Committee noted that in the fourth sentence of item 12.1.6.3.2.2 (Action on the international plan) *Off.Rec.WHO, 10*, page 9 the word "individual" should be omitted from the text.

#### THE WORLD HEALTH ASSEMBLY APPROVES

the programme submitted by the Interim Commission for international combating of these diseases; and in order that suitable action may be taken by Governments.

#### THE WORLD HEALTH ASSEMBLY RECOMMENDS

1. That Governments take—subject to the conditions in their countries—preventive, curative, legislative, social and other measures necessary for venereal disease control, particular attention being paid to the following:

(i) notification of primary and secondary syphilis; declaration of sources of infectious contacts; and national and international contact tracing;

(ii) systematic pre-marital and pre-natal examinations including serological tests for syphilis;

(iii) comparative study of antigens and serodiagnostic methods in syphilis on the national and international plane;

(iv) establishment of optimum standards of treatment and of making such treatment available to all; with special reference to the importance of preventative treatment of syphilis in pregnancy;

(v) compulsory treatment of persons suffering from communicable venereal diseases and compulsory hospitalization of those who refuse to submit to treatment.

THE WORLD HEALTH ASSEMBLY FURTHER RESOLVES:

2. That consultations be held with United Nations and with other international organizations combating prostitution, traffic in women and children, etc., particular attention being paid to the following:

(i) the abolition of legal recognition and toleration of prostitution, and the rejection of prostitution as a means of livelihood;

(ii) the desirability of making all traffic in prostitution a criminal offence;

(iii) the importance of social and economic measures in the fight against prostitution, including the improvement of standards of living, re-education, rehabilitation and assistance from agencies concerned with the moral and social aspects of the problem.

3. That measures be taken for the revision and expansion of the provisions of the Brussels Agreement of 1924 with a view to their incorporation into international regulations for the control of the spread of venereal diseases.

4. That the Executive Board be instructed to establish during its first session an expert committee to be called "The Expert Committee on Venereal Infections of the World Health Organization" with the following terms of reference:

To act as an advisory body to the World Health Organization.

5. That the World Health Organization set up within its Secretariat a Venereal Disease Section.

The committee recommends that the second part of the aforementioned resolution should be referred to the Committee on Relations.\*

The Expert Committee referred to in paragraph 4 above is expected to consist of an "initial nuclear" group of five persons. Until this committee is set up the present Expert Committee, of which Dr. John F. Mahoney of the U. S. Public Health Service is chairman, will continue to function, and will meet next in Paris October 15-19, 1948.

\* EDITOR'S NOTE: This part of the resolution relates to certain functional details of the Section.

A budget for the WHO Venereal Disease Section to be established was approved in the amount of \$129,350 for the year 1949, plus \$8,000 for publications et cetera. In addition, the venereal disease program will share in the appropriations for fellowships, medical literature and teaching equipment for countries, totalling \$705,390, depending on requests of governments for specific VD assistance.

### News from the International Agencies

**International Union against the Venereal Diseases Meets in Copenhagen as Planned.**—In accordance with plans previously announced in the JOURNAL (June issue, page 281) the International Union against the Venereal Diseases is meeting in Copenhagen, Denmark, September 6 to 10 for its Second Postwar General Assembly. The Government of Denmark and the Danish Society for Combating Venereal Diseases are hosts to the delegates, who will include representatives of a majority of the Union's 68 member agencies from 45 countries, with participation of a number of representatives from other international voluntary organizations, such as the League of Red Cross Societies, the International Council of Women, and from the international governmental bodies of the World Health Organization and UNESCO.

The United States delegation was headed by Dr. William F. Snow, the Union's president since 1946, and included Dr. Joseph S. Spoto, Assistant Chief of the U. S. Public Health Service Venereal Disease Division, and Mrs. Josephine V. Tuller, Assistant Director of the American Social Hygiene Association's Liaison Office for International Social Hygiene Agencies and Activities. Other delegates from the Americas are Dr. Jaime Velardé Thomé, Venereal Disease Control Officer for the Government of Mexico, and serving on this trip as the representative of the Pan American Sanitary Bureau of Washington, and Dr. Henrique Moura Costa, Director of the Gaffree Guinle Foundation of Rio de Janeiro, Brazil.

Dr. Snow left by plane for London on August 31, and will visit the Union's headquarters in Paris, and the WHO headquarters in Geneva before returning to New York about September 18. Dr. Spoto also travelled by plane, leaving on September 4. Mrs. Tuller sailed on August 13 on the S. S. Nieuw Amsterdam, going first to Paris for conferences with Dr. André Cavaillon, the Union's Secretary-General, Mlle. Marguerite Troué, Administrative Secretary, and M. Bernard Flursheim, Treasurer. Mrs. Tuller also spent some days in Geneva at WHO headquarters in the Palais des Nations before arriving in Copenhagen. Following the Copenhagen meeting she expects to visit social hygiene workers in Holland and Belgium before returning to New York on September 21.

Later numbers of the JOURNAL will furnish details of the Assembly deliberations, which will deal especially with the Union's cooperation with the Venereal Disease Section of the World Health Organization.



## PUBLICATIONS RECEIVED

*Under this head the JOURNAL OF SOCIAL HYGIENE lists publications received and not reviewed. Those which fall sufficiently within its field and are of sufficient importance to its readers to warrant comment will be reviewed in later issues.*

### BOOKS

- ANDERSON AND ARNSTEIN, *Communicable Disease Control*, second edition, Macmillan Company, New York, 1948. 450 pp. \$5.00.
- BEHRMAN AND LEVIN, *Your Skin and Its Care*, Emerson Books, Inc., New York, 1948. 255 pp. \$2.50.
- CRAWFORD AND WOODWARD, *Better Ways of Growing Up*, Muhlenberg Press, Philadelphia, 1948. 270 pp. \$3.00.
- DAVIS AND HAVIGHURST, *Father of the Man*, Houghton-Mifflin, Boston, 1947. 245 pp. \$2.75.
- ELLEDGE, C. H., *The Rehabilitation of the Patient* (Social Casework in Medicine), J. B. Lippincott Co., 1948. 112 pp. \$2.50.
- LANDIS, PAUL H., *Adolescence and Youth*, McGraw-Hill Book Co., New York 18, 1948. 470 pp. \$3.75.
- MOORE, CARL R., *Embryonic Sex Hormones and Sexual Differentiation*, Charles C Thomas, Springfield, Illinois, 1948. 81 pp.
- ULLMAN, FRANCES, *Girl Alive!* World Publishing Company, New York, 1948. 234 pp. \$2.00.

### PAMPHLETS, LEAFLETS, AND REPORTS

#### Annual and Special Reports

- ANNUAL REPORT, AMERICAN ASSOCIATION FOR ADULT EDUCATION, 525 W. 120th St., New York 27, 1947-48. 15 pp.
- ANNUAL REPORT, PLANNED PARENTHOOD FEDERATION OF AMERICA, INC., 1947. 23 pp. 501 Madison Avenue, New York 22.
- REPORT OF THE NATIONAL CONFERENCE OF SOCIAL WELFARE NEEDS AND THE WORKSHOP OF CITIZEN'S GROUPS, National Social Welfare Assembly, Inc., 1790 Broadway, New York 19, 1948. 69 pp.
- THIS IS OUR RECORD FOR 1947, 37th Annual Report of the National Urban League, 1133 Broadway, New York 10. 16 pp.
- YEAR BOOK, 1947-48, AMERICAN PUBLIC HEALTH ASSOCIATION, 1790 Broadway, New York 19.

#### Pamphlets for Professional Workers

- ANNOTATED LIST OF BOOKS, PERIODICALS, PAMPHLETS, LEAFLETS AND ARTICLES RELATING SPECIFICALLY TO THE HEALTH OF THE NEGRO, Meharry Medical College, Health and Medical Care Collection, Nashville 8, Tennessee.
- BOOKS OF 1947 ON SOCIAL SUBJECTS, Bibliography No. 3, Russell Sage Foundation Library, Russell Sage Foundation, New York. 10 cents.
- GUIDES FOR COMMUNITY PARTICIPATION IN PUBLIC HEALTH NURSING, National Organization for Public Health Nursing, 1790 Broadway, N. Y., 1948. 31 pp.
- LEGAL CONTROL FACT SHEET, American Nurses' Association, 1790 Broadway, New York 19.
- SOCIAL BREAKDOWN, An Outline of Procedures for Compiling Social Breakdown Data. Bulletin 137. Community Chests and Councils of America, Inc. 22 pp.
- STATISTICAL BULLETIN, METROPOLITAN LIFE INSURANCE COMPANY, April, 1948, Public Health and the Diseases of Old Age.
- Birth Rate in 1947 Highest in Generation.
- WORLD RESEARCH IN ALCOHOLISM, a bibliography for the staffs of Illinois State Hospitals, Department of Public Welfare, State of Illinois, 912 South Wood Street, Chicago 12.

## IN THE PERIODICALS

## Sex Education, Marriage and Family Relations

- AMERICAN JOURNAL OF SOCIOLOGY, May, 1948, *The Family in a Changing Society*, Ernest W. Burgess; *Regional Family Patterns: The New England Family*, Joseph K. Folsom; *Regional Family Patterns: The Southern Family*, Rupert B. Vance; *Regional Family Patterns: The Middle Western Family*, Ruth Shonle Cavan; *Regional Family Patterns: The Western Family*, Norman S. Hayner; *Ethnic Family Patterns: The Negro Family in the U. S.*, E. Franklin Frazier; *Ethnic Family Patterns: The American Jewish Family*, Bessie Bloom Wessel; *Ethnic Family Patterns: The Italian Family in the U. S.*, Paul J. Campisi; *Ethnic Family Patterns: The Mexican Family in the U. S.*, Robert C. Jones; *The Contemporary American Family as an Anthropologist Sees It*, Margaret Mead; *The Family as a Universal Culture Pattern*, L. Guy Brown; *Culture Configurations in the American Family*, John Sirjamaki; *What Families Do for the Nation*, Lawrence K. Frank; *Education, Income, and Family Unity*, William F. Ogburn; *Trends in Family Research*, Meyer F. Nimkoff; *The National Conference on Family Life*, Ernest Osborne.
- AMERICAN SOCIOLOGICAL REVIEW, April, 1948, *The Present Status and Future Orientation of Research on the Family*, Leonard S. Cottrell, Jr.
- FAMILY LIFE, May, 1948. *More Children, More Happiness*, Paul Popenoe. *Five Functions of Marriage Counseling*, Paul Popenoe.
- GENERAL FEDERATION CLUBWOMAN, May, 1948, *America Needs the Basic Six*, Wilton L. Halverson, M.D.
- HYGEIA, May, 1948, *Sex Education—Facts and Figures*, L. A. Kirkendall.
- THE JOURNAL OF SCHOOL HEALTH, March, 1948, *Sex Education in Tomorrow's Schools*, Harriett B. Randall, M.D.
- LIFE, May 24, 1948, *Sex Education in Oregon Schools*.
- LOOK, May 11, 1948, *Why Don't We Prepare for Marriage?*, Jacques Bacal and Louise Sloan.
- MARRIAGE AND FAMILY LIVING, Spring, 1948, *Education for Family Life in the Community: Education for Marriage and Family Life in the Schools; Marriage and Family Counseling; Teacher Preparation*.
- PARENTS' MAGAZINE, April, 1948, *The Biggest Job, Parenthood*, O. S. English.
- May, 1948, *When Money Makes Trouble*, Sylvanus M. and Evelyn M. Duvall.
- READER'S DIGEST, June, 1948, *Must We Change Our Sex Standards? A Symposium*.
- SURVEY GRAPHIC, May, 1948, *Family Ties to Stand the Strains*, Eduard C. Lindeman.

## Youth in the World Today

- BETTER TIMES, May 28, 1948, *A Gang Is a Street Club*, Nathan E. Cohen and George Harrison.
- THE CHILD, March, 1948, *National Commission Prepares for Midcentury White House Conference*, Edith Rockwood; *For Health, Education, and Welfare of Children and Youth*, Oscar R. Ewing; *To Train Personnel for Delinquency Control*, Norris E. Class.
- FOCUS, May, 1948, *The Community and the Correctional Process*, Austin H. MacCormick.
- HYGEIA, April, 1948, *The Schools and Juvenile Problems*.
- NEA JOURNAL, April, 1948, *Teachers Combat Prejudice*, Samuel Everett.
- NATIONAL NEGRO HEALTH NEWS, Jan.-March, 1948, *The Community's Responsibility for the Welfare of Its Children*, Annie Lee Davis.

## Health Education

- CHANNELS, April, 1948, *Neighborhood Health Education*.
- HEALTH AND PHYSICAL EDUCATION, May, 1948, *Functioning School Health Council*, Edythe Tucker.
- THE MODERN HOSPITAL, April, 1948, *Dallas Health Museum*, Lawrence Payne.

## Public Health and Medical

- AMERICAN JOURNAL OF PUBLIC HEALTH, April, 1948, *The Health Officer's Bookshelf*, Huntington Williams, M.D.
- THE BULLETIN OF THE U. S. ARMY MEDICAL DEPARTMENT, April, 1948, *Cardiolipin Antigens in the Sero-diagnosis of Syphilis*.
- May, 1948, *The Army's Part in the Health Program of the Nation*, Major General R. W. Bliss, Surgeon General of the Army; *Gonorrhea in World War II*.
- THE JOURNAL OF VENEREAL DISEASE INFORMATION, May, 1948, *Mass Blood Testing in Eight Georgia Communities*, C. D. Bowdoin; *The Incidence of Infection in Contacts of Early Syphilis*, Arthur J. von Werssowetz; *Local Prophylaxis in Experimental Syphilis of the Rabbit*, R. C. Arnold and J. F. Mahoney.
- NEW ENGLAND JOURNAL OF MEDICINE, March 18, 1948, *The Incidence of Multiple Lesions in Primary Syphilis*, I. W. Kuhl and Hunter Boggs.
- PUBLIC HEALTH REPORTS, April 9, 1948, *The Road Ahead in Public Health*, Dr. Leonard A. Scheele.
- PUBLIC HEALTH NURSING, June, 1948, *Nursing for Health in Tomorrow's Family*, Ruth Weaver Hubbard; *Present Status of Local Health Units*, Haven Emerson, M.D.
- QUARTERLY REVIEW OF DERMATOLOGY AND SYPHILOLOGY, March, 1948, *Ten reports and abstracts on Syphilis and Other Venereal Diseases*.
- VIRGINIA MEDICAL MONTHLY, May, 1948, *The Management of Early Syphilis*, D. C. Smith and R. C. Thompson.

## ANNOUNCEMENTS

**The June Journal.**—Interest shown in the preliminary report on *Education for Personal and Family Living as Applied to the Social Hygiene Field*, which appeared in this issue of the JOURNAL, has led to a continued distribution in reprint form. Copies may be secured from the ASHA Publications Service. The Working Committee, of which Dr. William F. Snow served as Chairman and Dr. Jacob A. Goldberg as Secretary and Report Editor, cordially invites comment and suggestions on the program outlined in the report. (*Ask for Pub. No. A-715, 15 cents.*)

**This Month's Journal.**—Reprints are also available of the main articles in this October JOURNAL. *We're at Your Service*, presented by Mr. Mather before the Spring Conference of Social Hygiene Executives in New York, has already had wide circulation. (Pub. No. 719. Free.) Dr. Clarke's *Summary of the Los Angeles Survey* is being used in that city especially and

generally as a community program review. (Pub. No. A-690. 10 cents.) Mr. Ennes' lively report on *GI Student Families* will be ready soon. (Your request on this as soon as possible will help.) *The whole issue, including the Red Feather, 35 cents as usual.*

**Next Month.**—The November JOURNAL is being planned for the special interest and assistance of state groups planning new social hygiene laws or revision of their old laws in the 44 state legislatures which meet in 1949. The progress and effective use of state premarital and prenatal examination laws will be discussed in particular. If you are likely to want extra copies of this number, please let us know as far in advance as possible. *35 cents a copy, \$3.00 a dozen.*

**In December.**—The last month of 1948 will see the annual Social Hygiene Day Number. *Watch the November JOURNAL for contents.*

*For these and other social hygiene publications write to*

THE AMERICAN SOCIAL HYGIENE ASSOCIATION

1790 Broadway - - - New York 19, N. Y.



# Journal of Social Hygiene

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Progress in State Legislation to Guard Family Life  
from the Venereal Diseases

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National Social Hygiene Day  
Wednesday, February 2, 1949

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# Journal of Social Hygiene

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NOVEMBER, 1948

NO. 8

## Progress in State Legislation to Guard Family Life from the Venereal Diseases

EDITORIAL

PERIODICAL DE

### PREMARITAL AND PRENATAL EXAMINATION LAWS IN REVIEW

It is now thirteen years since Connecticut's legislature adopted the first state law considered fully adequate to protect marriage from syphilis by requiring premarital examinations of both bride and groom for this disease as a prerequisite to issuance of a marriage license, and nearly eleven years since New York State passed the first law to guard babies from the spirochete by blood tests of expectant mothers. In the years between, general recognition by health officials and citizens of the value of such laws has led to their adoption by a great majority of the states, in what has been termed "a legislative landslide unsurpassed in speed and scope." As of February 1, 1948, 36 states and the Territory of Hawaii have laws calling for premarital examinations of both bride and groom, and two more states have laws partially safeguarding marriage, leaving only ten states, the District of Columbia, Alaska, Puerto Rico and the Virgin Islands without such protection. Thirty-eight states, Hawaii and the Virgin Islands protect babies from syphilis by laws providing for blood tests of expectant mothers, the District of Columbia, Alaska, Puerto Rico and ten continental states still being without such safe-guards for the health of coming generations.



The U. S. Public Health Service estimates that through the two and a half million blood tests now being performed annually under these laws "many thousands of cases of syphilis are discovered and prevented each year," and they are undoubtedly responsible for a large part of the reduction of infant deaths from syphilis—from 69 to 16 per 100,000 live births in the past ten years. Studies now in progress by the ASHA Division of Legal and Social Protection in cooperation with the Venereal Disease Division of the Public Health Service and the State Health Departments are expected to reveal other interesting and useful evidence of the practical value of such legislation.

Meanwhile, having in mind that forty-four state legislatures will meet in 1949, and that plans for new social hygiene legislation or revision of existing laws are on foot in a number of states, the JOURNAL OF SOCIAL HYGIENE devotes this number to a review of the history and status of the premarital and prenatal examination laws, as shown by current maps, charts listing requirements in the different states, and other reference tables and data which it is believed will prove helpful to students and teachers of social legislation as well as to groups contemplating the introduction of legislative bills before their legislatures.

We also reprint here some suggestions regarding *Your Part in the Legislative Campaign* which have been found serviceable in past years by many who have sought the Association's advice in presenting legislative needs to the public and to the lawmakers in their states. As always, the Association is glad to place its many years of experience in studying the workings of social hygiene laws at the service of groups endeavoring to secure sound and enforceable legislation. You are cordially invited to make use of our publications and other facilities for this and your other social hygiene efforts.

Remember, "we're at your service"!

#### YOUR PART IN THE LEGISLATIVE CAMPAIGN

If your state is one in which new social hygiene laws, or amendment of old laws, is needed, begin now to plan for action. Possibly some qualified organized group is already planning to introduce legislation. If so, they will welcome your interest and support. Programs of action which have often been successful in securing sound social hygiene laws have included activities like the following:

1. A social hygiene society, medical society, bar association, parent-teacher association or similar interested group studies the requirements of existing laws and the needs to be met. Sometimes two or

three groups will make this a joint project, but responsibility for carrying out the details of the program usually must be delegated to one group or a central joint committee, with all other interested agencies constantly consulted and kept in touch.

2. Special advice is sought from (a) medical and nursing organizations as to the scientific and administrative practicability of the legislation as drawn up; (b) of legislators and Statute Commission, or Legislative Council, if there is one in your state, or the state's Attorney General as to the form which the law must take to meet the desired ends. Drafts of the laws are submitted to the state health department and the social protection and welfare official and voluntary agencies for their advice and approval.

3. Popular support for the legislation is worked up in advance of its introduction. This includes: publicity which will inform the general public, by radio, newspapers and meetings; petitions and letters from constituents to their legislators; resolutions in support of the legislation by the various interested agencies; personal contact with legislators to secure advice and assurance of support in advance.

4. A high level of wide public interest will demonstrate that the citizens really understand the purpose of the legislation and want it passed. To this end the testimony of informed and impartial witnesses is helpful and welcomed by legislative committees working on the new laws; thorough study beforehand enables supporters of the legislation to meet all arguments and to suggest adjustments and changes which the legislators may think necessary, without the law losing force.

Finally, the records of most states show that those who have not succeeded the first time, HAVE TRIED AGAIN! When a legislature has failed to enact suitable laws when first presented, the time before the next session has been used to keep on developing public interest and support, making passage at the next session more likely, and also helping to create public understanding and observance of the laws when they are passed.

#### USEFUL PUBLICATIONS

*Pub. No.*

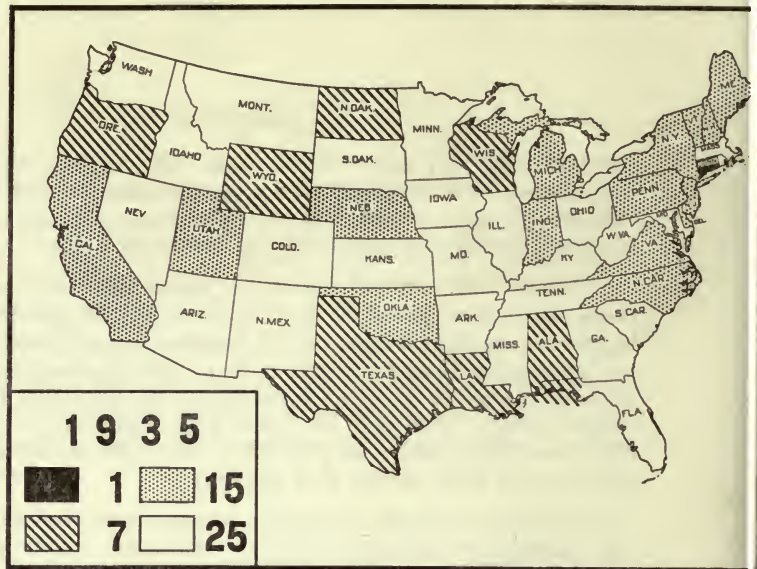
- A-566 **Forms and Principles of State Social Hygiene Laws.** 10 cents.  
A-619 **Seven Years' Experience with Premarital and Prenatal Examinations in New Jersey.** John Hall and Glenn S. Usher. 10 cents.  
A-625 **State Laws to Guard Family Life** (folder for the general public). 5 cents.

*for these and other social hygiene publications write to*  
The American Social Hygiene Association, Inc.  
1790 Broadway, New York 19, N. Y.

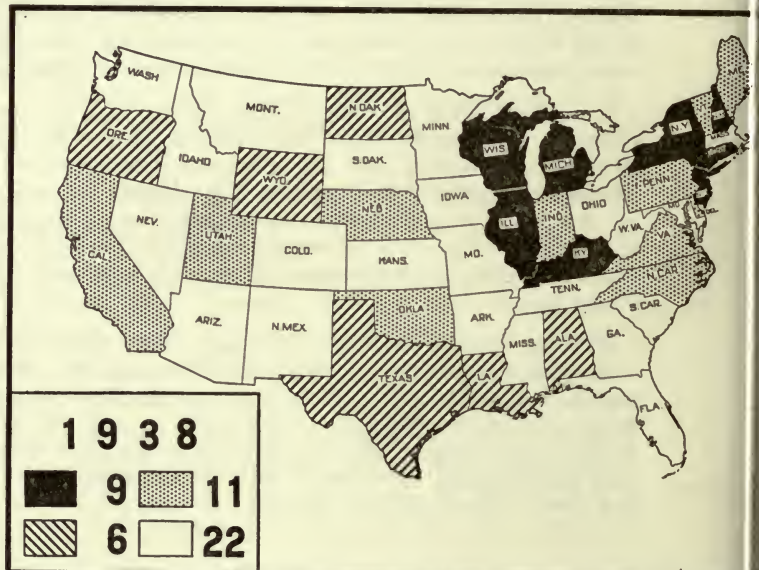


# TWENTY-FOUR YEARS' PROGRESS IN STATE LEGISLATION TO SAFEGUARD FAMILY LIFE

Although by 1925 a number of states had adopted limited legislation to safeguard marriage from the venereal diseases, it was not until ten years later that Connecticut passed the type of law known as the "premarital examination law."

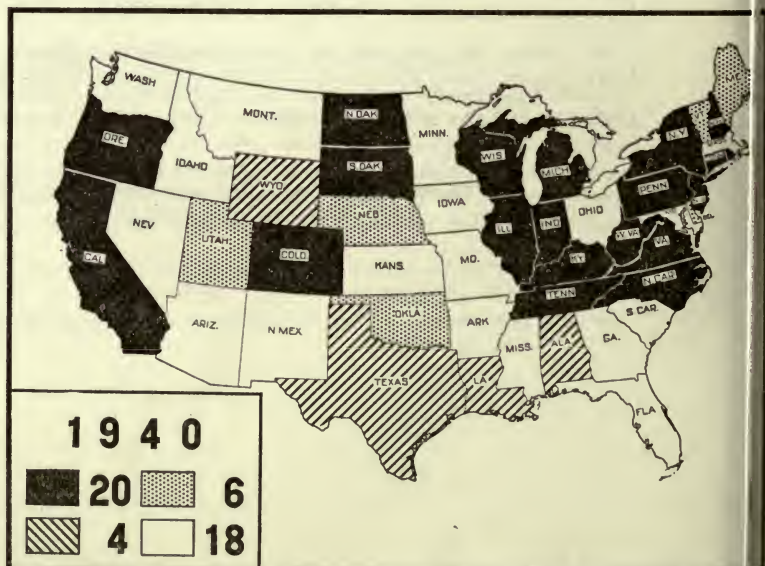


Other states were quick to see the advantages of such a law. By 1938, nine states had adopted new legislation of this type.



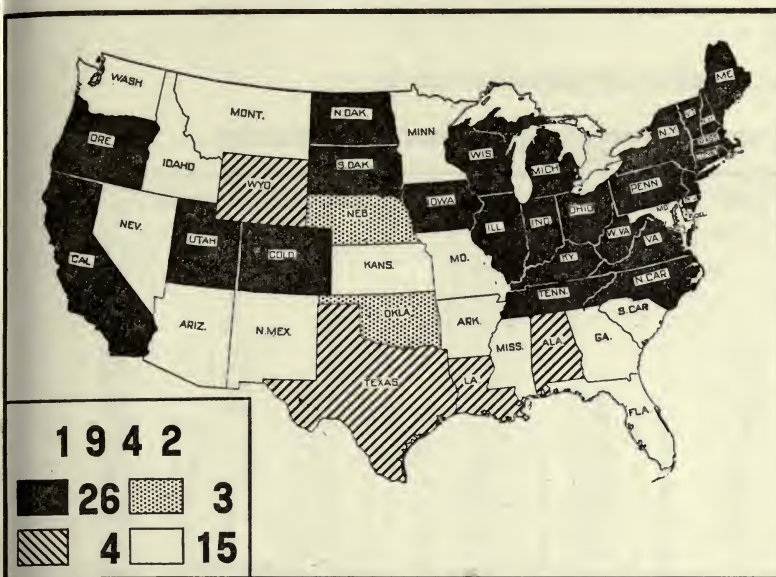
By 1940, twenty states had passed new premarital examination laws, or amended existing laws for better operation.

The majority of such laws require a physical examination, including an approved blood test for syphilis, of both bride and groom, and a certificate from the examining physician showing freedom from syphilis in a communicable stage as a prerequisite to the issuance of a marriage license.



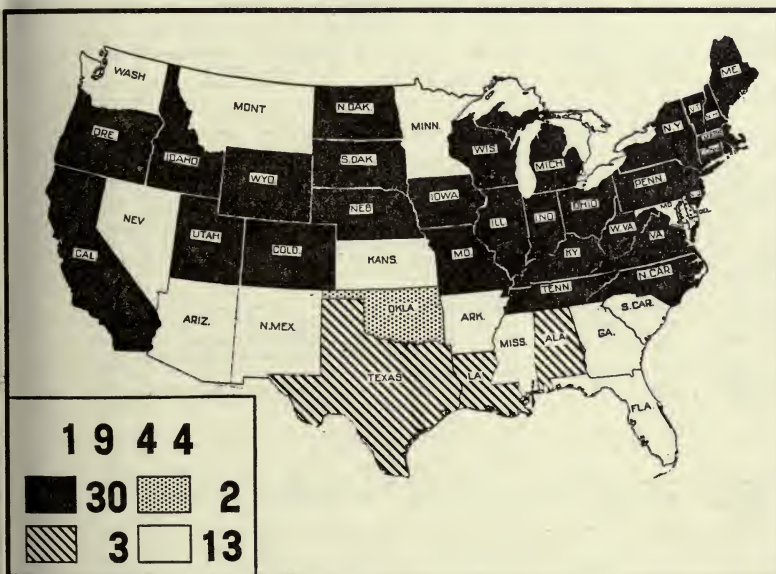


# TO PROTECT MARRIAGE FROM SYPHILIS



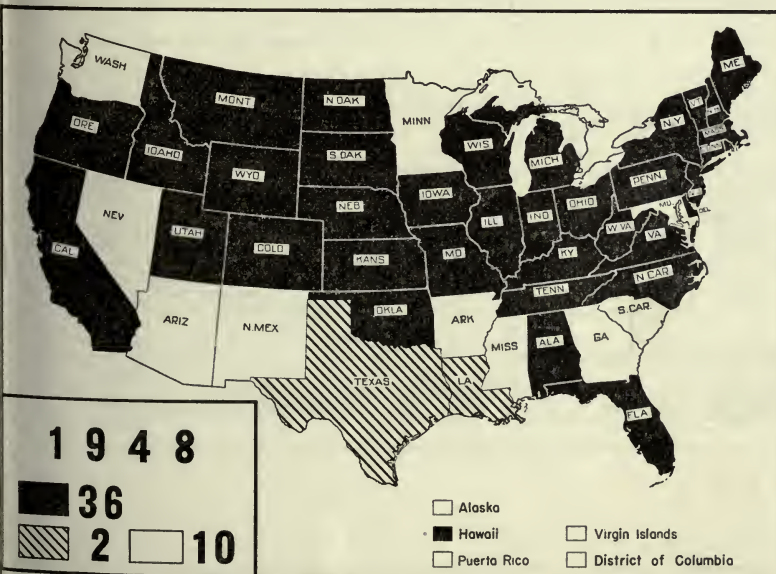
By the end of 1942, six more states had passed legislation of this type.

Social hygiene and other voluntary groups have given strong support to public health officials in securing adoption of these laws, and in promoting general understanding of their benefits.



From 1943 to 1946, six more states plus the Territory of Hawaii, adopted the new type of law. In 1947 four more states were added. This means that, as the "legislative year" 1949 begins, only ten states, the District of Columbia and three of the Islands and Territories lack some kind of legislation to safeguard family health in this way. 1949 will see new efforts to secure such laws in states and territories not having them.

How does your state stand?



Blood test for syphilis required of both bride and groom before license is issued.

Examination by physician required for venereal diseases, or medical certificates showing freedom from such diseases, usually of groom only.

Marriage licenses granted without regard to venereal disease infection.

Alaska  
Hawaii  
Puerto Rico  
Virgin Islands  
District of Columbia

## STATE LEGISLATIVE REQUIREMENTS FOR PREMARITAL EXAMINATIONS

(As of February 1, 1948)

STATE	DATE OF LAW		SCOPE OF EXAMINATION					TEST REQUIREMENTS FOR SYPHILIS		SEROLOGIC LABORATORY REPORTS ON OUT OF STATE FORMS ACCEPTED
	Approved	Effective	Syphilis		Gonorrhea		Other Venereal Diseases	Days Valid	Approved Blood Tests	
			Physical Examination	Serologic Laboratory Test	Physical Examination	Microscopic Test				
Alabama.....	July 1, 1947	Jan. 2, 1948	yes (bb)	yes (66)	no	no	yes (66)	30	Approved laboratory test for syphilis	no
Arizona.....										
Arkansas.....										
California*.....	June 5, 1939	Sept. 19, 1939	yes	yes	no	no	no	30	Kolmer, Eagle, Craig Fix., Kahn, Kline, Hinton, Eagle, Precip.	yes (11)
Colorado.....	Apr. 10, 1939	Oct. 10, 1939	yes	yes	yes	no	yes	30	Kahn official, others accepted	yes (24)
Connecticut*....	May 23, 1935	Jan. 1, 1936	no	yes	no	no	no	40	Wassermann, Kahn, Kline, Hinton, or any standard serologic test	yes (24)
Delaware.....	April 18, 1947	July 1, 1947	yes	yes	no	no	no	30	Standard serological test	yes (11)
District of Columbia....										
Florida.....	May 28, 1945	Oct. 1, 1945	yes	yes	no	no	no	30	Standard serologic test	no
Georgia.....										
Idaho.....	Feb. 11, 1943	Apr. 30, 1943	yes	yes	yes	no	yes	30	Standard serologic test	yes
Illinois*.....	June 23, 1937	July 1, 1937	yes	yes	yes	yes	yes	15	Standard serologic test	yes
Indiana.....	March 9, 1939	March 1, 1940	yes	yes	no	no	no	30	Kolmer, Eagle Fix., Kahn, Kline, Hinton, Eagle Precip., Mazzini	no
Iowa.....	Apr. 5, 1941	Apr. 9, 1941	yes	yes	no	no	no	20	Standard serologic test	yes (7)
Kansas.....	Apr. 9, 1947	July 1, 1947	yes	yes	yes	no	yes	30	Standard serological test	yes (11)
Kentucky*.....	Feb. 28, 1940	Jan. 1, 1941	yes (53)	yes (53)	yes	no	yes	15	Kolmer modification of Wassermann test, Kahn, Kline, Hinton, Eagle	yes (24)
Louisiana.....	Examination required	on required	of bride	degreed	only					
Maine*.....	Apr. 10, 1941	July 25, 1941	yes	yes	no	no	no	30	Standard serologic test	yes (17)



SEROLOGIC REPORTS ACCEPTED FROM ANY				LICENSE		MEDICAL CERTIFICATES ON OUT OF STATE FORMS ACCEPTED	MEDICAL CERTIFICATES ACCEPTED FROM ANY		FREE		RESULT FILED WITH STATE DEPARTMENT OF HEALTH	PENALTY
Other State Dept. of Health Laboratory	Territorial Dept. of Health Laboratory	D.C. Health Dept. & N.Y.C. Dept. Of Health Laboratories	U.S.P.H.S. Army or Navy Laboratory	Issued When Not Communicable	Prerequisites Waived		Out of State Licensed Physician	Commissioned U.S.P.H.S. Army or Navy Medical Officer	State Laboratory Tests to Physicians	Physical Examinations to Patients		
no	no	no	no	yes	yes	no	yes (67)	yes (67)	yes (66)	yes (68)	no	yes
yes (8)	yes	yes	yes	yes	yes (40)	yes (11)	yes (2)	yes (20)	yes	no	yes (47)	yes
yes (4) (14)	yes (14)	yes	yes	yes	yes (40)	yes (24)	yes (6)	yes	yes (36)	no	yes	no
yes	no	D.C. only	(15)	yes	yes (40)	yes (24)	yes (2)	yes	yes	no	no (47)	yes
yes (11)	no	no	yes (26) (49)	yes	yes (40)	yes	yes (11)	yes (20) (49)	yes	yes	yes	yes
yes (57)	yes (57)	yes (57)	yes (57)	yes	yes (40)	no	yes	yes	yes	yes (58)	no (59)	yes
yes (12)	yes	yes	yes	yes	yes (40)	yes	yes	yes	yes (36)	yes (46)	yes (47)	yes
yes	yes	yes	yes	yes	yes (37) (38)	no	yes	no	yes	no	no	yes
					yes (32) (33)							
yes	yes	D.C. only	yes	yes	yes (40)	no	yes	yes	yes	no	yes (48)	yes
yes (7)	yes	yes	yes	yes	yes (37)	yes (7)	yes (7)	yes	yes	no	yes (47)	yes
yes (11)	no	no	yes	no (61)	yes (40)	yes	no (62)	yes (20)	yes	yes	yes	yes
yes	no	no	yes (18)	yes	yes (32) (40)	no	no	yes	yes	no	yes (47)	yes
yes	no	D.C. only	yes	yes (39)	yes (33)	yes (17)	yes (25)	yes (25)	yes (36) (41)	yes (41) (50)	yes (48)	yes



**STATE LEGISLATIVE REQUIREMENTS FOR PREMARITAL EXAMINATIONS**  
(As of February 1, 1948)

(As of February 1, 1945)

STATE	DATE OF LAW		SCOPE OF EXAMINATION					TEST REQUIREMENTS FOR SYPHILIS		SEROLOGIC LABORATORY REPORTS ON OUT OF STATE FORMS ACCEPTED
	Approved	Effective	Syphilis		Gonorrhea		Other Venereal Diseases	Days Valid	Approved Blood Tests	
			Physical Examination	Serologic Laboratory Test	Physical Examination	Microscopic Test				
Maryland.....										
Massachusetts†..	June 12, 1943	June 12, 1943	yes	yes	no	no	no	30 (49)	Standard serologic test	no
Michigan*.....	July 20, 1937	Oct. 29, 1937	yes (53)	yes (53)	yes	yes (28)	yes (51)	30	Any test performed in a State Health Dept. Laboratory	yes (24)
Minnesota.....										
Mississippi.....										
Missouri.....	Apr. 13, 1943	Jan 1, 1944	yes (31)	yes	no	no	no	15 (54)	Standard serologic test	yes (26)
Montana.....	Mar. 6, 1947	July 1, 1947	yes	yes	no	no	no	20	Standard serologic test	yes (11)
Nebraska.....	Mar. 23, 1943	Aug. 29, 1943	yes	yes	no	no	no	30	Standard serologic test	no
Nevada.....										
New Hampshire..	Aug. 12, 1937	Oct. 1, 1938	yes	yes	yes	no	no	30	Wassermann, Kahn or other standard serologic test	no
New Jersey.....	May 3, 1938	July 1, 1938	no	yes	no	no	no	30	Wassermann, Kahn or other standard serologic test	yes
New Mexico....										
New York*.....	Apr. 12, 1938	July 1, 1938	yes	yes	no	no	no	30	Kahn, Wassermann, or test approved by State Health Commissioner	yes
New York City*..	Apr. 12, 1938	July 1, 1938	yes	yes	no	no	no	30	Complement - Fixation or Kahn	yes (24)
North Carolina*..	Apr. 3, 1939	Apr. 3, 1939	yes	yes	yes	yes (28)	yes	30	Kolmer, Eagle Fix., Kahn, Kline, Hinton, Eagle Precip.	no
North Dakota*..	Mar. 13, 1939	July 1, 1939	no	yes	no	no	no	30	Complement - Fixation and Flocculation	yes
Ohio.....	May 16, 1941	Aug. 18, 1941	yes	yes	no	no	no	30	Standard serologic test. (Eagle, Hinton, Kline, Kahn and Kolmer)	no (22)
Oklahoma.....	May 5, 1945	May 5, 1945	yes	yes	no	no	no	30	Standard serologic test	no

SEROLOGIC REPORTS ACCEPTED FROM ANY				LICENSE		MEDICAL CERTIFICATES ON OUT OF STATE FORMS ACCEPTED	MEDICAL CERTIFICATES ACCEPTED FROM ANY		FREE		RESULT FILED WITH STATE DEPARTMENT OF HEALTH	PENALTY
Other State Dept. of Health Laboratory	Territorial Dept. of Health Laboratory	D.C. Health Dept. & N.Y.C. Dept. Of Health Laboratories	U.S.P.H.S. Army or Navy Laboratory	Issued When Not Communicable	Prerequisites Waived		Out of State Licensed Physician	Commissioned U.S.P.H.S., Army or Navy Medical Officer	State Laboratory Tests to Physicians	Physical Examinations to Patients		
yes	yes	D.C. only	yes	(52)	yes (34)	no	yes	yes (19)	yes	no	no	yes
yes (8)	no	yes	yes	yes (37) (38)	yes (32) (40)	yes (24)	yes (9)	yes	yes	no	no	yes
yes (4) (14)	no	no	yes	yes (35)	yes (33)	no (26)	no	no	yes (36)	no	yes (26)	yes
yes (11)	no	no	no	yes (63)	no	yes	yes	yes (20)	yes	yes	yes (64)	yes
yes	no	no	yes	yes	yes (40)	no	yes (2)	yes	yes	yes (41)	yes (47)	yes
yes	no	D.C. only	yes	yes	yes (40)	no	yes	yes	yes	no	yes	yes
yes	yes	yes (10)	yes	yes	no (21)	yes	yes	yes	yes	no	no	yes
yes	no	yes	yes (23)	yes	yes (40)	yes	yes	yes	yes	no	yes (42)	yes
yes	yes	yes	yes (23)	yes	yes (33) (40)	yes (24)	yes	yes	no	no	yes (42)	yes
yes (4)	no	yes	yes	yes	yes	no	no	yes (20)	yes (41)	yes (41)	no	yes
yes (12)	no	no	no	yes	yes (40)	no	no	no	no (43)	no	yes (48)	yes
no (22)	no	no (22)	yes (23)	yes (39)	no	no (22)	no (22)	yes (23)	yes (41)	no	yes (47)	yes
no	no	no	no	yes	yes (40)	no	no	no	yes (60)	yes (60)	yes (48)	yes





[illegible]

## SUPPLEMENTARY NOTES

- \* Law amended.
- † Former premarital law repealed.
- (2) From physicians licensed in U. S. territory also.
- (3) Laboratories of author—serologists: Eagle, Hinton, Kahn, Kline, Kolmer, also.
- (4) Also from any laboratory approved by any state health officer or state dept. of health.
- (5) Local laboratories approved only by arrangement with R.I. State Health Dept.
- (6) Physician should indicate on certificate state in which he is licensed.
- (7) Applicant from state which has premarital examination law must comply with own state law in lieu of Iowa's. Certificate must be signed and notarized by physician. Iowa non-resident form required for residents of state with no premarital examination law.
- (8) Ottawa, Toronto, and Quebec provincial laboratories also. (Calif. accepts from all provincial laboratories.)
- (9) Premarital examinations to include all venereal diseases; blood test alone not sufficient.
- (10) From Phila. and Baltimore Health Dept. laboratories also.
- (11) From other states with similar premarital examination laws. (For Calif. and Delaware examinations, and test must be performed within 30 days—Kansas and Montana within 20 days—prior to issuance of license.)
- (12) From state health dept. laboratories which are approved. (Va. accepts from those state dept. of health laboratories which participate in U.S.P.H.S. serologic survey.)
- (13) From states and territories which reciprocate with Utah.
- (14) From laboratories approved by U.S.P.H.S. accepted, also.
- (15) Reports from V.D. Research Laboratory, U.S. Marine Hospital, Staten Island, N. Y., signed by commissioned medical officer, acceptable.
- (16) Original laboratory report from out of state laboratory must be submitted with physician's statement and endorsement of laboratory by out of state health officer.
- (17) During present emergency and six months thereafter out of state forms accepted if forms have same statements as those of Maine.
- (18) From U.S.P.H.S., Army and Navy laboratories located in Ky. and approved by Ky. State Dept. of Health only.
- (19) Examination and medical certificate by physician on active duty in Army or Navy acceptable.
- (20) Reports of examinations of men in armed services by their medical officers accepted. (In Ore. only during war and 30 days after termination thereof.) Kansas and Montana examination tests are made not more than 20 days prior to issuance of marriage license.
- (21) Only when criminal charge of bastardy, rape or fornication is preferred and defendant consents to marry such female.
- (22) Applicants who were former residents of a state with premarital law similar to Ohio, may, however, present certificate from out of state official who issues marriage licenses, certifying premarital law complied within that state by applicants.
- (23) U.S.P.H.S., Army and Navy laboratories approved for blood tests for men in the armed services only. (In Ohio acceptable at discretion of Probate Judge.)
- (24) Accept such forms providing they contain same information which appears on own forms. (Notarization of such forms necessary for use in Ky.)
- (25) If a graduate of a Grade A medical school.
- (26) Regulations regarding forms to be used and filing of laboratory results not issued as yet.
- (27) Male only.
- (28) At physician's discretion.
- (29) If history of chancroid.
- (30) State Dept. of Health approval.
- (31) If initial blood test indicates evidence of syphilis.
- (32) On physician's affidavit of pregnancy.
- (33) On woman's statement of pregnancy. (In Mo. on physician's certificate of pregnancy or imminent death; in Ill. on woman's affidavit that she is the mother of the child if a copy of the birth record of the illegitimate child is not available.)
- (34) No certificate required in cases of pregnancy or imminent death.
- (35) Report of negative blood test and affidavit by applicant saying he is free from syphilis, also accepted for license.
- (36) On request of physician. (In Mo. also on request of patient; in W. Va. by going to county health dept.)
- (37) Only if blood test negative.
- (38) Positive requires State Dept. of Health approval.
- (39) Law grants right of appeal.
- (40) By court order. (In Neb. affidavit of pregnancy or any person's statement of imminent death; in Colo. by health dept. only.)
- (41) Free to patient if unable to pay.
- (42) Submitted to district, county or city dept. of health.
- (43) Maximum fifty cent charge.
- (44) Reasonable.
- (45) Maximum five dollars.
- (46) Maximum two dollars.
- (47) By laboratory. (In Conn. if positive and performed at State Dept. of Health laboratory.)
- (48) By physician.
- (49) Examination and laboratory tests shall be made not more than 30 days before marriage license is issued.
- (50) Maximum three dollars.
- (51) As indicated by physical examination.
- (52) Law does not prohibit marriage in any case. If syphilis diagnosed, physician must notify other applicant. Infected applicant must take treatment as approved by state health commissioner.
- (53) Darkfield when necessary.
- (54) Marriage license void if not used within 10 days from date of issuance.
- (55) Providing result of test is indicated.
- (56) License issued if patient has received minimum of 40 treatments, if infection is over 4 years duration and if attending physician's judgment is that disease is non-infectious.
- (57) Serological test must be such as will exclude the possibility that the disease as shown by said test is some other than syphilis.
- (58) Fee shall not exceed the sum usually charged for office visits.
- (59) No person but State Board of Health personnel has access to such information in office of county judge.
- (60) To those who apply for it.

- (61) License refused in Kansas, subject to appeal, if either applicant found infected with venereal disease, unless women over 45 years old when Probate Judge may issue license.
- (62) Only from physician in state of residence of applicant.
- (63) License issued in Montana if certificate filed showing tests made and results exhibited to applicant and that each party has examined the report of the test of the other.
- (64) Regulations to be promulgated by State Board of Health of Montana covering reports of such tests and the manner of furnishing same to physicians and to the State.
- (65) Oklahoma Act reads—"Standard serological examination". Physical examination would seem necessary, however, to enable doctors to certify as required that applicant, if infected, is not in communicable stage of disease.
- (66) Requires an examination "for venereal disease".
- (67) If examining physician licensed in state where he resides.
- (68) Provides free examinations and certificates by county health officers on "request of each applicant".

### TO THE READER

Please note that, for convenience of those utilizing this material for reference and study, the arrangement of text in the charts showing requirements of state premarital and prenatal examination laws (pages 360-365 and pages 374-376) and in the chronological tabulations of dates when these laws were approved and became effective in the various states, (pages 369, 370 and pages 377 and 378) provides space for future insertion of notes and data concerning legislative events and developments as they occur.

The Editors of the JOURNAL OF SOCIAL HYGIENE and the Division of Legal and Social Protection of the American Social Hygiene Association will welcome from social hygiene workers, health officials and others interested and concerned with the operation of the state premarital and prenatal examination and other social hygiene laws suggestions and information which will help in making such compilations and summaries as this more valuable for current and permanent use.

*Write to the*

AMERICAN SOCIAL HYGIENE ASSOCIATION, INC.

1790 Broadway, New York 19, N. Y.



## LEGAL REFERENCES

## Premarital Examination Legislation

- 1939 California Supplement to Deering's 1937 Codes and General Laws, Secs 79.01 through 79.09 of Civil Code. [Stats. '39, ch. 382, p. 1716.]; and Senate Bill No. 547, approved May 1, 1943.
- 1935 Colorado Statutes Annotated with 1942 Cumulative Supplement, Chap. 107, Sec. 5(d). [L. '39, ch. 128, p. 455.]
- 1931-1935 Connecticut Supplement to the General Statutes, Sec. 1595c; 1939 Connecticut Supplement, Chap. 276, Sec. 1315e; and 1943 Session Laws, ch. 45.
- 1943 Idaho Session Laws, ch. 42 (H. B. No. 43), approved April 28, 1943.
- 1935 Illinois (Jones) Statutes Annotated with 1942 Cumulative Supplement, Sec. 78.06(1). [L. '37, p. 910; L. '39, p. 706; L. '41, Vol. 1, p. 856.]
- 1939 Indiana (Baldwin) Statutes, Chap. 31, Sec. 5624-1. [1939, ch. 100, p. 513.]
- 1941 Iowa Acts and Joint Resolutions, ch. 292, p. 298.
- 1942 Kentucky Revised Statutes, Secs. 402.120 through 402.200, and Sec. 402.990. [Laws '38, ch. 120, p. 625; Laws '40, ch. 151, p. 608.]
- 1941 Maine Acts and Resolves, ch. 202, p. 238; and 1943 Acts and Resolves, ch. 251 (Legislative Document No. 357.)
- 1943 Massachusetts Act of ch. 561; and 1933 Massachusetts, Annotated Laws of, with 1942 Cumulative Supplement, Chap. 207, Sec. 20 B. ['41, ch. 601, p. 808; and '41, ch. 607, p. 1074.]
- 1935 Michigan Statutes Annotated with 1942 Pocket Supplement, Secs. 25.25 through 25.51. ['37, Act No. 207, p. 331; '39, Act No. 112, p. 204.]; and H. B. 342 enacted in 1943.
- 1943 Missouri House Bill No. 45, (a committee substitute for) approved April 13, 1943.
- 1943 Nebraska Legislative Bill 40, approved March 23, 1943.
- 1942 New Hampshire Revised Laws of, Chap. 338, Secs. 22 through 30. ['37, ch 186, p. 406.]
- 1939 New Jersey Statutes Annotated, Secs. 37:1-20 through 37:1-26. ['38, ch. 126, p. 261.]
- 1939 New York, Consolidated Laws of, with 1943 Cumulative, Dom. Rel. 13-a through 13-c. [L. '37, ch. 294; L. '38, ch. 640, p. 1629; L. '39, ch. 110, p. 126.]
- 1939 North Carolina, Public Laws of, ch. 314, p. 702; and 1941 Public Laws, ch. 218, p. 308.
- 1939 North Dakota, Laws of, ch. 162, (H. B. 267), p. 247; and 1943 Senate Bill No. 58, approved March 10, 1943.
- 1942 Ohio (Baldwin) Code, Secs. 11188.
- 1937 Oregon Laws, ch. 434, p. 685; 1939 Oregon Laws, p. 6; and 1943 Oregon Laws, ch. 218 (H. B. 350), p. 268.
- 1930 Pennsylvania (Purdon) Statutes with 1942 Cumulative, Title 48, Secs. 20 through 24. [P. L. '39, ch. 76, p. 148.]
- 1938 Rhode Island, Public Laws of, ch. 2580, p. 440.
- 1939 South Dakota, Session Laws of, ch. 36, p. 44.
- 1934 Tennessee, Annotated Code of, with 1942 Cumulative Supplement, Secs. 8425.1 through 8425.11. ['39, ch. 122, p. 454.]
- 1943 Utah Code Annotated, Secs. 40-1-18 through 40-1-27. [L. '41, ch. 36, p. 54.]
- 1941 Vermont, Public Acts of, Temporary 200, p. 237; and 1943 House Bill No. 151, approved March 22, 1943.
- 1942 Virginia Code, Sec. 5073a. ['40, ch. 102, p. 152.]
- 1941 West Virginia Cumulative Supplement to West Virginia Code of 1937, Secs. 4684-1 through 4684(4). ['39, ch. 81, p. 394.]
- 1939 Wisconsin Statutes, Secs. 245.10 and 245.11 and 1941 Wisconsin, Session Laws of, ch. 162, p. 212.
- 1943 Wyoming, Session Laws of, ch. 7, p. 6.

DATES OF APPROVAL  
of  
STATE PREMARITAL EXAMINATION LAWS

**1935**

May 23—Connecticut \*

**1937**

March 12—Oregon \*

June 23—Illinois \*

June 29—Wisconsin \*

July 20—Michigan \*

August 12—New Hampshire

**1938**

March 29—Rhode Island

May 3—New Jersey

April 12—New York \*

**1939**

February 25—West Virginia

March 9—Indiana

March 10—South Dakota

March 10—Tennessee \*

March 13—North Dakota \*

April 3—North Carolina \*

April 10—Colorado

May 17—Pennsylvania

June 5—California \*

**1940**

February 28—Virginia

February 28—Kentucky \*

**1941**

February 28—Utah

April 5—Iowa

April 10—Maine \*

April 10—Vermont \*

May 16—Ohio

**1943**

February 1—Wyoming

February 11—Idaho

March 23—Nebraska

April 13—Missouri

June 12—Massachusetts †

\* Law amended.

† Former premarital law repealed.

**1945**

May 5—Oklahoma

May 28—Florida

**1947**

March 6—Montana

April 9—Kansas

April 18—Delaware

July 1—Alabama

EFFECTIVE DATES  
of  
STATE PREMARITAL EXAMINATION LAWS

**1936**

January 1—Connecticut

**1937**

July 1—Illinois

July 31—Wisconsin

October 29—Michigan

**1938**

April 28—Rhode Island

July 1—New Jersey

July 1—New York

October 1—New Hampshire

December 1—Oregon

**1939**

April 3—North Carolina

May 26—West Virginia

July 1—North Dakota

July 1—South Dakota

September 19—California

October 10—Colorado

**1940**

March 1—Indiana

May 17—Pennsylvania

August 1—Virginia

**1941**

January 1—Kentucky

April 9—Iowa

July 1—Tennessee

July 1—Utah

July 25—Maine

July 31—Vermont

August 18—Ohio

October 31—Massachusetts

**1943**

April 30—Idaho

June 12—Massachusetts †

May 21—Wyoming

August 29—Nebraska

**1944**

January 1—Missouri

† Former premarital law repealed.

**1945**

May 5—Oklahoma

October 1—Florida

**1947**

July 1—Delaware

July 1—Kansas

July 1—Montana

**1948**

January 2—Alabama



## LEGAL WAITING PERIOD IN RELATION TO MARRIAGE LICENSE

<i>State</i>	<i>Legal Waiting Period</i>
Alabama .....	None
Arizona .....	None
Arkansas .....	3 days
California .....	None
Colorado .....	None
Connecticut .....	5 days *
Delaware .....	1 day residents 4 days non-residents
District of Columbia.....	4 days
Florida .....	3 to 5 days
Georgia .....	5 days where 1 or both applicants under age *
Idaho .....	None
Illinois .....	3 days
Indiana .....	None
Iowa .....	None
Kansas .....	3 including Sunday
Kentucky .....	None
Louisiana .....	None
Maine .....	5 days *
Maryland .....	2 days
Massachusetts .....	5 days *
Michigan .....	5 days *
Minnesota .....	5 days *
Mississippi .....	None (5 days where ap- plicants are under age)
Missouri .....	3 days
Montana .....	None
Nebraska .....	None
Nevada .....	None
New Hampshire .....	5 days *
New Jersey .....	3 days
New Mexico .....	None
New York .....	1 day *
New York City .....	3 days *
North Carolina .....	None
North Dakota .....	None
Ohio .....	5 days *
Oklahoma .....	None
Oregon .....	3 days *
Pennsylvania .....	3 days *
Rhode Island .....	5 days for female non-residents
South Carolina .....	None
South Dakota .....	None
Tennessee .....	3 days *
Texas .....	5 days
Utah .....	None
Vermont .....	5 days
Virginia .....	None
Washington .....	3 days *
West Virginia .....	3 days *
Wisconsin .....	5 days *
Wyoming .....	5 days

\* Judges are empowered to waive waiting period, altogether or in part.

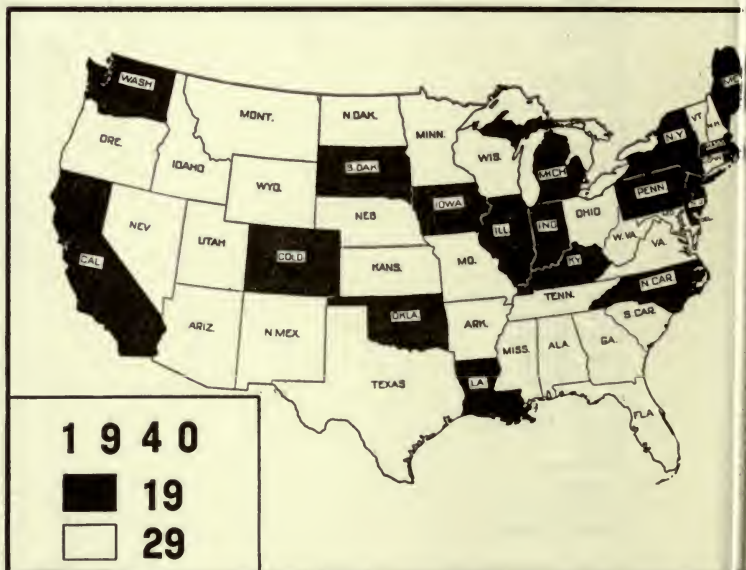
The first state law to protect mothers and babies from the deadly effects of syphilis was passed by the New York State legislature in March, 1938.

Known as the "baby health bill," sponsored by the New York Post, the American Social Hygiene Association and numerous state and community agencies, both voluntary and official, the passage of this forward-looking legislation touched off a fuse in health progress. Before that year's legislative sessions had ended, the states of New Jersey and Rhode Island had adopted similar laws.



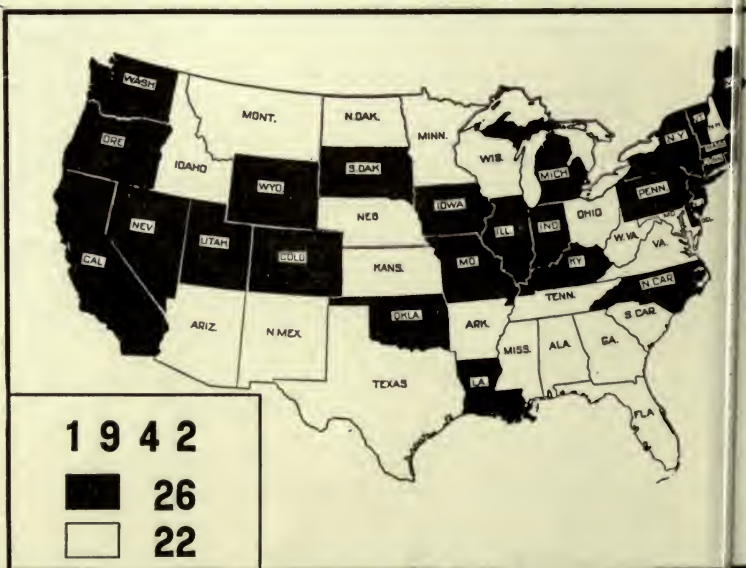
Law-makers across the country were prompt to respond to public opinion by adopting such obviously valuable legislation. As in the case of the premarital examination laws, succeeding years have seen rapid action.

By 1940, nineteen states had made provision for this type of child health protection.



Seven more states adopted prenatal examination laws during 1941 and 1942.

As with the premarital examination laws, voluntary social hygiene and cooperating agencies have vigorously supported health officials in securing passage of this legislation and in public education regarding the saving in health and happiness to be gained from full observance.





# TO PROTECT BABIES FROM SYPHILIS

By 1944, four more states and the Territory of Hawaii had fallen in line.

The law, in its usual form, provides that a licensed physician or other persons authorized to attend an expectant mother is required to take, or cause to be taken, a sample of blood of such woman, to be submitted to an approved laboratory for a standard test for syphilis within a specified time. Syphilis, unlike most diseases, may be transmitted to a child before birth, directly from an infected mother. Thousands of babies are born dead, or die young, because of syphilitic infection, but if the disease is discovered in the mother early in pregnancy, and treatment promptly provided, nine out of ten such infected babies are born healthy.

Five more state legislatures adopted prenatal examination laws in 1945, and one in 1946, making 36 having such laws.

Prenatal examination laws were passed in two other states in 1947, so that now, in 1948, 38 states and the Territory of Hawaii and two of the Virgin Islands have provided this fine sort of health protection for their coming generations. Plans are on foot in some of the other 10 states and the District of Columbia for similar safeguards.

Does your state have a prenatal examination law?

1944

30  
18



1946

36  
12



1948

38  
10

Alaska  
Hawaii  
Puerto Rico  
Virgin Islands  
District of Columbia

Prenatal blood test required for syphilis.  
Prenatal blood test not required for syphilis.



**STATE PRENATAL EXAMINATION LEGISLATIVE REQUIREMENTS FOR SYPHILIS**  
(As of February 1, 1948)

(As of February 1, 1946)

STATE	DATE OF LAW		BLOOD TEST REQUIREMENTS						RESULT FILED WITH STATE DEPARTMENT OF HEALTH	REQUIREMENTS FOR BIRTH CERTIFICATE			PENALTY
	Approved	Effective	Serologic Test		Standard Serologic Test	Laboratory Approved by State Dept. of Health	Serologic Test Free	If No Test Taken To Be Noted		Date of Test To Be Noted	Test Result Not To Be Recorded		
			Mandatory	At First Examination									
Alabama.....													
Arizona.....	Mar. 5, 1945	June 9, 1945	yes	yes	yes q	yes	yes (4)	no	yes	yes	yes	yes	no
Arkansas.....	Feb. 19, 1947	July 1, 1947	yes	yes	yes a	yes	yes x	no	yes	yes	(8)	yes	no
California.....	May 9, 1939	Sept. 19, 1939	yes t	ij	yes q	yes	no	yes	yes s	yes	yes	yes	yes t
Colorado.....	Apr. 10, 1939	Apr. 10, 1939	yes t	ij	yes q	yes	yes x	yes	yes	yes	yes	yes	yes t
Connecticut.....	June 18, 1941	July 1, 1941	yes	yes o	yes q	yes	yes x	(2)	yes s	yes	yes	yes	yes
Delaware.....	Mar. 8, 1939	Mar. 8, 1939	yes	yes	yes q	yes	yes x	(2)	yes s	yes	yes	yes	no
District of Columbia.....													
Florida.....	May 19, 1945	Oct. 1, 1945	yes	ij	yes q	yes	yes (4)	no (5)	yes s	yes	yes	yes	no
Georgia.....	Mar. 18, 1943	July 1, 1943	yes	yes o	yes q	yes	yes rv	no	yes s	yes	yes	yes	yes
Idaho.....	Feb. 5, 1943	Apr. 30, 1943	yes t	yes j	yes q	yes	yes x	yes	yes	yes	yes	yes	yes t
Illinois.....	July 21, 1939	July 21, 1939	yes	yes	q	yes	yes x	(2)	yes	yes	yes	yes	no
Indiana.....	Feb. 18, 1939	Jan 1, 1940	yes e	p	yes q	yes	yes (4)	(5)	yes s	yes	yes	yes	no
Iowa.....	May 17, 1939	July 4, 1939	yes	k	yes	yes	yes	yes	yes s	yes	yes	yes	no
Kansas.....	Mar. 22, 1943	July 1, 1943	yes c	k	yes	m	no	no	yes s	yes	yes	yes	yes
Kentucky.....	Mar. 18, 1940	June 12, 1940	yes	i	q	yes	yes x	yes	yes s	yes	yes	yes	yes
Louisiana.....	July 12, 1940	July 31, 1940	yes b	yes l	yes y	h	yes (4)	(5)	yes	(3)	yes	yes	no
Maine.....	Apr. 20, 1939	July 20, 1939	yes d	n	yes q	yes	yes x	yes	no	no	no	no	no
Maryland.....													
Massachusetts.....	Aug. 3, 1939	Nov. 1, 1939	yes f	yes	yes	yes	no	no	no	no	no	no	no
Michigan.....	May 16, 1939	May 16, 1939	yes	yes	yes q	yes	yes x	no	yes s	yes	yes	yes	no

**STATE PRENATAL EXAMINATION LEGISLATIVE REQUIREMENTS FOR SYPHILIS**  
(As of February 1, 1948)

STATE	DATE OF LAW		BLOOD TEST REQUIREMENTS					RESULT FILED WITH STATE DEPARTMENT OF HEALTH	REQUIREMENTS FOR BIRTH CERTIFICATE			PENALTY
	Approved	Effective	Serologic Test		Standard Serologic Test	Laboratory Approved by State Dept. of Health	Serologic Test Free		No Test Taken To Be Noted	Date of Test To Be Noted	Test Result Not To Be Recorded	
			Mandatory	At First Examination								
Minnesota . . . . .												
Mississippi . . . . .												
Missouri . . . . .	July 28, 1941	Oct. 10, 1941	yes d	yes w	yes	yes	yes x	no	yes s	yes	yes	yes
Montana . . . . .	Feb. 24, 1945	July 1, 1945	yes	ij	yes q	yes	yes (6)	yes	yes s	yes	yes	yes t
Nebraska . . . . .	Mar. 25, 1943	Aug. 29, 1943	yes	yes	yes q	yes	yes	yes	yes s	yes	yes	no
Nevada . . . . .	Mar. 28, 1941	July 1, 1941	yes	yes	yes q	yes	yes x	no	no	no	no	no
New Hampshire . . .	July 1, 1947	July 1, 1947	yes	yes	yes	yes	yes x	no	no	no	no	no
New Jersey . . . . .	Mar. 30, 1938	Jan. 1, 1939	yes	yes	yes q	yes	yes	no	yes	yes	no	no
New Mexico . . . . .												
New York . . . . .	Mar. 18, 1938	Mar. 18, 1938	yes	yes	yes q	yes	yes	(2)	yes s	yes	yes	no
North Carolina . . .	Apr. 3, 1939	Jan. 1, 1940	yes g	g	q	yes	yes rz	no	yes	yes	no	yes
North Dakota . . . .												
Ohio . . . . .	May 23, 1945	Aug. 22, 1945	yes (7)	yes j	yes q	yes	yes rx	yes	yes s	yes	yes	yes
Oklahoma . . . . .	Mar. 10, 1939	Ap. 19 1945	yes e	yes	yes q	yes	yes (6)	no	yes s	yes	yes	yes e
Oregon . . . . .	Mar. 7, 1941	June 13, 1941	yes d	ij	yes q	yes	yes xz	no	yes s	yes	yes	no
Pennsylvania . . . . .	June 24, 1939	June 24, 1940	yes b	yes j	yes q	yes	yes rx	no	yes s	yes	no	yes
Rhode Island . . . .	Apr. 22, 1938	Apr. 22, 1938	yes	o	yes	yes	no	no	no	no	no	yes
South Carolina . . .	Apr. 1, 1946	July 1, 1945*	yes	yes j	yes q	yes	yes (6)	no	no	no	no	yes
South Dakota . . . .	Mar. 8, 1939	June 6, 1939	yes	yes	yes	yes	yes x	yes	yes s	yes	yes	no
Tennessee . . . . .												
Texas . . . . .												
Utah . . . . .	Feb. 28, 1941	May 13, 1941	yes t	yes j	yes q	yes	yes x	yes	yes	yes	yes	yes t
Vermont . . . . .	Apr. 10, 1941	July 31, 1941	yes	u	yes q	yes	no	(5)	yes s	yes	yes	no

**STATE PRENATAL EXAMINATION LEGISLATIVE REQUIREMENTS FOR SYPHILIS**  
(As of February 1, 1948)

STATE	DATE OF LAW		BLOOD TEST REQUIREMENTS						RESULT FILED WITH STATE DEPARTMENT OF HEALTH	REQUIREMENTS FOR BIRTH CERTIFICATE			PENALTY
	Approved	Effective	Serologic Test		Standard Serologic Test	Laboratory Approved by State Dept. of Health	Serologic Test Free	If No Test Taken To Be Noted		Date of Test To Be Noted	Test Result Not To Be Recorded		
			Mandatory	At First Examination									
Virginia.....													
Washington.....	Mar. 16, 1939	Jan. 2, 1940	yes	yes	yes q	yes	yes x	no	no	no	no	no	
West Virginia.....	Mar. 5, 1945	June 3, 1945	yes (7)	yes	yes q	yes	yes x	yes	yes s	yes	yes	yes	
Wisconsin.....													
Wyoming.....	Feb. 20, 1941	Apr. 21, 1941	yes t	ij	yes q	yes	yes x	yes	yes	yes	yes	yes t	
ISLANDS AND TERRITORIES...													
Alaska.....													
Hawaii.....	May 17, 1943	July 1, 1943	yes	yes	yes	yes	yes	yes	no	yes	no	yes	
Puerto Rico.....													
Virgin Islands (9)...	Dec. 8, 1942	Dec. 4, 1943	yes	(10)	(11)	yes	(12)	yes	no	no	no	yes	

**SUPPLEMENTARY NOTES**

- a Except when woman refuses request for specimen.  
b If no objection by the woman.  
c At woman's request or with her consent.  
d If woman gives consent.  
e Except if woman opposed to medical examination on grounds of spiritual means. (In Oklahoma except to those who administer to the sick with or depend on spiritual means for treatment of disease.)  
f Unless a test was taken by another physician during the pregnancy.  
g Upon request of woman.  
h Tests accepted from laboratory duly operated (see y) or in hospitals approved unconditionally by American College of Surgeons.  
i Test to be taken at first visit.  
j Or within 10 days after. (In Idaho and Pa. within 15 days after; in S. C. or within 3 days after.)  
k Within 14 days.  
l Or as soon as possible.  
m Blood specimens sent to private laboratories, State Dept. of Health laboratory at Topeka, or other laboratories cooperating with State Dept. of Health.  
n During gestation.  
o Within 30 days of first professional visit. (Ga. and Conn. within 30 days of first examination.)  
p At diagnosis.  
q Tests must be approved by State Dept. of Health.  
r If patient unable to pay.  
s If test not taken, reason to be stated.  
t Except if woman refuses to allow blood specimen to be taken.  
u If possible, prior to 3rd month of gestation.  
v Charge of not more than \$1.00.  
w Within 20 days thereof.  
x To physician requesting such from State Dept. of Health laboratories.  
y As approved by the American Board of Pathology.  
z No charge to be made to any patient by the physician for services in taking blood specimen.  
(2) If positive, to be reported. (In Conn. if positive and performed in State Dept. of Health laboratory.)  
(3) Not required by law but date is asked on birth certificate blank.  
(4) Performed free of charge in State Dept. of Health laboratories.  
(5) State laboratory tests only.  
(6) Upon request.  
(7) Tests need not be made prior to delivery if contra-indicated in physician's judgment. In this event tests must be made within 10 days following delivery.  
(8) Arkansas Law silent on this point.  
(9) Applies to St. Thomas and St. John only.  
(10) Within 120 days.  
(11) Examination by practicing physician subject to supervision of Dept. of Health.  
(12) Treatment free if necessary; examination not mentioned.

\* Original law contained this effective date.



DATES OF APPROVAL  
of  
STATE PRENATAL EXAMINATION LAWS

**1938**

March 18—New York  
March 30—New Jersey  
April 22—Rhode Island

**1939**

February 18—Indiana  
March 8—Delaware  
March 8—South Dakota  
March 10—Oklahoma  
March 16—Washington  
April 3—North Carolina  
April 10—Colorado  
April 20—Maine  
May 9—California  
May 16—Michigan  
May 17—Iowa  
June 24—Pennsylvania  
July 21—Illinois  
August 3—Massachusetts

**1940**

March 18—Kentucky  
July 12—Louisiana

**1941**

February 20—Wyoming  
February 28—Utah  
March 7—Oregon  
March 28—Nevada  
April 10—Vermont  
June 18—Connecticut  
July 28—Missouri

**1943**

February 5—Idaho  
March 18—Georgia  
March 22—Kansas  
March 25—Nebraska

**1945**

February 24—Montana  
March 5—Arizona  
March 5—West Virginia  
May 19—Florida  
May 23—Ohio

**1946**

April 1—South Carolina

**1947**

February 15—Arkansas  
July 1—New Hampshire

PERIODICAL DEPT.

EFFECTIVE DATES  
of  
STATE PRENATAL EXAMINATION LAWS

## 1938

March 18—New York  
April 22—Rhode Island

## 1939

January 1—New Jersey  
March 8—Delaware  
April 10—Colorado  
May 16—Michigan  
June 6—South Dakota  
July 4—Iowa  
July 21—Illinois  
July 20—Maine  
July 28—Oklahoma  
September 19—California  
November 1—Massachusetts

## 1940

January 1—Indiana  
January 1—North Carolina  
January 2—Washington  
June 12—Kentucky  
June 24—Pennsylvania  
July 31—Louisiana

## 1941

April 21—Wyoming  
May 13—Utah  
June 13—Oregon  
July 1—Connecticut  
July 1—Nevada  
July 31—Vermont  
October 10—Missouri

## 1943

April 30—Idaho  
July 1—Georgia  
July 1—Kansas  
August 29—Nebraska

## 1945

April 19—Oklahoma  
June 3—West Virginia  
June 9—Arizona  
July 1—Montana  
July 1—South Carolina  
August 22—Ohio  
October 1—Florida

## 1947

July—New Hampshire  
July 1—Arkansas

## LEGAL REFERENCES

## Prenatal Examination Legislation

- 1939 California Supplement to Deering's 1937 Codes and General Laws, Secs. 1 through 6, Act 6265 of the General Laws. [Stats. '39, ch. 127; Stats. '39, ch. 60, p. 741, Art. 3 (29).]
- 1935 Colorado Statutes Annotated with 1942 Cumulative Supplement, ch. 78, Sec. 170. [L. '39, ch. 113, p. 413.]
- 1941 Connecticut Supplement to the General Statutes, Chap. 132, Sec. 407f.
- 1939 Delaware, Laws of, Chap. 87, p. 173.
- 1943 Georgia Governor's Bill 346 (H. B. No. 136), approved March 18, 1943.
- 1943 Idaho Session Laws, ch. 26 (H. B. No. 24), approved February, 1943.
- 1935 Illinois (Jones) Statutes Annotated with 1942 Cumulative Supplement, Secs. 58.59 through 58.61. [L. '39, p. 708.]
- 1939 Indiana (Baldwin) Statutes, Chap. 49, Secs. 8557-1 through 8557-3. [1939, ch. 12, p. 21, and p. 796.]
- 1939 Iowa Acts and Joint Resolutions, ch. 82, p. 136.
- 1943 Kansas Session Laws, ch. 225 (H. B. No. 332), p. 428.
- 1942 Kentucky Revised Statutes, Secs. 214.160 through 214.190. [Laws 1940, ch. 149, p. 595.]
- 1939 Louisiana (Dart) General Statutes with 1942 Cumulative Annual Pocket Supplement, Secs. 3440.1 through 3440.3. [Acts '40, No. 174, p. 771.]
- 1939 Maine Acts and Resolves, ch. 290, p. 326.
- 1933 Massachusetts, Annotated Laws of, with 1942 Cumulative Supplement, Chap. 111, Sec. 121A. ['39, ch. 407, p. 478.]
- 1935 Michigan Statutes Annotated with 1942 Pocket Supplement, Sec. 14.342(1). ['19, Act No. 272, p. 474; '39, Act No. 106, p. 189.]
- 1941 Missouri, Laws of (S. B. No. 15), p. 367.
- 1943 Nebraska Legislative Bill 41, approved March 23, 1943.
- 1941 Nevada Compiled Laws (Supplement), Sec. 5247. ['41, ch. 150, p. 353.]
- 1939 New Jersey Statutes Annotated, Secs. 26:4-49.1 through 26:4-49.3. ['38, ch. 41, p. 116.]
- 1939 New York, Consolidated Laws of, with 1943 Cumulative, Pub. H. Secs. 18d and 383-a. [L. '38, ch. 133, p. 656 and L. '39, ch. 439.]
- 1937 Oklahoma Statutes Annotated with 1943 Cumulative, Secs. 550 and 551. [Laws '39, ch. 212, p. 74.]
- 1941 Oregon Laws, ch. 212, p. 333.
- 1930 Pennsylvania (Purdon) Statutes, with 1942 Cumulative, Title 35, Secs. 591 through 594. [P. L. '39, ch. 360, p. 808.]
- 1938 Rhode Island, Public Laws of, ch. 2606, p. 587.
- 1939 South Dakota, Session Laws of, ch. 103, p. 128.
- 1943 Utah Code Annotated, Secs. 35-4-44 through 35-4-49. [L. '41, ch. 33, p. 47.]
- 1941 Vermont, Public Acts of, Temporary 201, p. 241.
- 1931 Washington (Remington), Revised Statutes of, with 1940 Cumulative, Secs. 6002-1 through 6002-3. [L. '39, ch. 165, p. 492.]
- 1941 Wyoming, Session Laws of, ch. 72, p. 70.



## NATIONAL EVENTS

ELEANOR SHENEHON

*Director, Washington Liaison Office  
American Social Hygiene Association*

**ASHA Staff Assignments for National Defense Program.**—Dr. Walter Clarke, American Social Hygiene Association Executive Director, has announced the appointment of eleven new staff members and the reassignment of two long-time ones to implement the ASHA National Defense Program recently authorized by the ASHA Board of Directors and the reactivated Committee on National Defense Activities. To aid in carrying out the program, a special grant of funds has been made by the United Service Organizations. The ASHA was asked last spring by the U. S. Interdepartmental Venereal Disease Control Committee \* to assist the federal program for strengthening national defense. The specific duties of the ASHA in this connection as stated in the October JOURNAL are described by Dr. Clarke as follows:

1. To assist the armed forces of the nation to promote high standards of sex conduct through provision of educational materials and services to prevent the spread of venereal diseases.
2. To interpret to the public the present policy of the National Defense Establishment regarding venereal disease control and repression of prostitution and to organize citizen support for these activities on a city, state and national scale.
3. To assist officials and others of civilian communities to maintain wholesome conditions, especially in the environs of military establishments and defense industrial centers, through consultant services and organizational activities in many cities and towns.
4. To provide military and civilian authorities with reliable information regarding prostitution and other conditions which spread venereal diseases especially in the environs of military and defense industrial centers, through extension of the Association's confidential field studies.

The JOURNAL takes pleasure in presenting to our friends and colleagues these new members of the ASHA family, and bespeaks for them the same warm welcome given ASHA field workers in the past, while on their behalf we pledge cooperation and full measure of service.

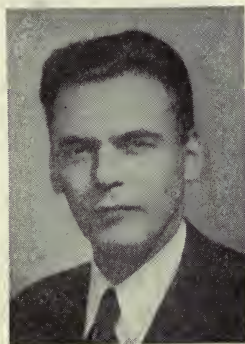
Mr. John Hall, well known to social hygiene workers throughout the country, has been assigned to supervise the field staff who will work especially with national defense installations. A graduate of Massachusetts Institute of Technology in Sanitary Engineering and a member of the Army Sanitary Corps in World War I, Mr. Hall's

\* This Committee, organized in 1942, includes representatives of Army, Navy, Air Force, Public Health Service, Department of Justice, with the ASHA representing the voluntary angle.

whole professional life has been spent in the public health field as statistician, health educator, administrator and field worker. For more than ten years he was a foremost promoter of the outstanding venereal disease control campaign of the New Jersey State Health Department. Since 1935 he has been executive secretary of the New Jersey Health and Sanitary Association, oldest organization of its type in the country, and an outstanding one. During World War II, following USPHS assignments centering around Las Vegas, Nevada and Juneau, Alaska, he joined the ASHA staff. In addition to doing considerable general field work he served at various times as representative in the Association's field offices in Baltimore, Maryland, Dallas, Texas and Salt Lake City, Utah, an experience which fits him admirably to deal with current field activities.



JOHN HALL



ALFRED KREECH



THOMAS EDWARDS

**Staff Assignments to Field Offices.**—For the First Regional Office, with headquarters at 1790 Broadway, New York 19, and serving the states of Connecticut, Delaware, Maine, Massachusetts, New Hampshire, New Jersey, New York, Rhode Island and Vermont, Mr. Alfred Kreech is assigned.

A native of New York, a graduate of New York University Law School, and a practicing attorney, Mr. Kreech has also had experience in social case work and community organization, having been a member of the staff of the New York City Department of Welfare and later studying at the New York School of Social Work. A veteran of World War II and a holder of eight combat stars and a Purple Heart, he was with the North African Invasion Army and celebrated VE Day at the Elbe River. A linguist, he was assigned in the European campaign to interrogate German prisoners and civilians in occupied areas and was later to explain what was expected of such groups by the American Army authorities. An outstanding project undertaken by Mr. Kreech since the war was a national fact finding study on various veteran problems which was later used as the basis for a national social work program.



Another American Social Hygiene Association veteran who needs no introduction is Thomas C. Edwards, who will serve as field representative for the American Social Hygiene Association Eastern Regional Office with headquarters at 1790 Broadway for the states of Indiana, Kentucky, Maryland, Ohio, Pennsylvania, Virginia, West Virginia and the military installations in the District of Columbia.

Those who have worked with Mr. Edwards as business manager of the National Health Council, as a special assistant to Mr. Nelson Rockefeller at Rockefeller Center and Coordinator of Inter-American Affairs at Washington may not know that during World War I he was a social hygiene educational officer at Camp Meade and also served as an army law enforcement officer, cooperating with camp officials, public health officials and others responsible for venereal disease control and repression of prostitution. Following service as American Public Health Association district field supervisor in the southeastern district, he spent some time abroad with the Army in similar work and following the war served the American Social Hygiene Association for some years in connection with its motion picture and exhibit program.

H. Lamar Boland who will serve as field representative for the American Social Hygiene Association Southeastern field office with headquarters at Room 205, Grand Theatre Building, Atlanta, Georgia, and serving the states of Alabama, Georgia, Mississippi, North Carolina, South Carolina, Tennessee, and Florida, comes to the American Social Hygiene Association fresh from post war experience of vocational guidance in the University of Georgia and other experience which promises well for his success in the social hygiene field.

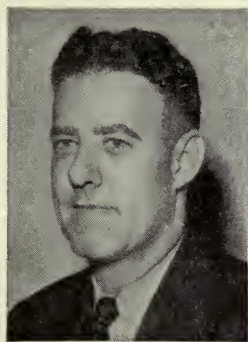
A native of Thomasville, Georgia, a graduate of the University of Georgia, he entered the Army as a Second Lieutenant and went to the Pacific as a member of the only mounted cavalry regiment to be sent overseas. Selected from his outfit to enter Japan before VJ Day with the airborne troops, his gifts for understanding and working with people led to service as a liaison officer between U. S. forces and Japanese officials in seeing that the terms of the Cease Fire Agreement were carried out. Awarded the Silver Star with Cluster, Bronze Star and Purple Heart with Cluster, he left the Army a Major. He has been especially active in youth education and community organization and has had experience in working with health officers and in solving public health problems. His Master's Degree in Education at the University of Georgia was given for special study in personnel, guidance and counseling.

Whitecomb Allen, field representative for the American Social Hygiene Association Southern Region, serving the states of Arkansas, Louisiana, New Mexico, Oklahoma and Texas, with headquarters



at 909 Maverick Building, San Antonio, will represent the American Social Hygiene Association in a région where he has long been known.

His previous work as regional representative of the Social Protection Division, Federal Security Agency, and Regional Director of Community War Services in the southwestern area makes him equally familiar with problems, conditions and facilities in this whole area, and particularly with regard to military installations. Aside from his work with community groups in organizing recreational facilities and educational programs he was also instrumental in the closing of houses of prostitution in the New Orleans area during



THOMAS RICHEY



WHITCOMB ALLEN



H. LAMAR BOLAND

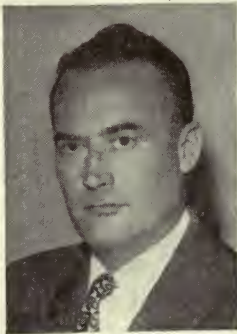
the war period and for his active stimulation of law enforcement in similar situations elsewhere. A native of Wilton, Maine, and a graduate of the University of Rochester, Mr. Allen has had broad experience with community, state and local groups. Starting his career as executive secretary with the Monroe County, New York, Children's Bureau and SPCC, involving broad relations with social, medical and legal authorities, he has also been administrative officer for the National Youth Organization in New York State where he dealt with many social hygiene problems.

Field representative for the American Social Hygiene Association Central Regional Office will be Thomas Richey, recently educational director of the Chicago Health Department Venereal Disease Control Program.

A native of New York City and a graduate of Bard College, Columbia University, majoring in social sciences and pre-medical studies, and a graduate of General Theological Seminary, Mr. Richey was ordained an Episcopal minister in 1927. Rector of Christ Church, Norwich, Connecticut, for some twelve years, he became an Army chaplain in 1942 and served as regimental and base section headquarters chaplain, both in the United States and abroad. During the entire period of his ministry within and without the Army he has been especially active in health and welfare work and in personal counseling and cooperative work in developing recreation and

other community projects. Predominant interest in this work led him after the war to concentrate on vocational rehabilitation and education of veterans. He has served as Chief of the VA Guidance Center at Macomb, Illinois and as Admissions Counsellor in the Chicago area office of Grinnell College. Mr. Richey's office will serve the states of Colorado, Illinois, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, South Dakota, Wisconsin and Wyoming, with headquarters at 165 E. Ontario Street, Chicago, Illinois.

Patrick Kelley who has had experience in public relations, as a tuberculosis society administrator, radio writer-producer and naval officer, will be in charge of the ASHA Western Regional Office.



PATRICK KELLEY



RAYMOND SANFORD



THOMAS LARREMORE

Born in Pasadena, California, Mr. Kelley was a graduate of Stanford University in 1928, having majored in social sciences. As public relations director of the San Francisco Community Chest and a member of the social hygiene committee he was active in the local educational campaign, especially by means of his association with the NBC station there. Trained as an Air Force administrative officer in World War II and assigned as personnel officer of a naval aviation squadron at various posts in the Pacific, his naval experience also included service as executive officer of Livermore Naval Air Station where he was in charge of non-military problems, conducted summary courts and dealt with a great variety of social problems, including alcoholism and venereal disease. Mr. Kelley left the Navy with the rank of Commander. His territory will include the states of Arizona, California, Idaho, Montana, Nevada, Oregon, Utah and Washington, with headquarters at 995 Market Street, San Francisco.

#### Other New Headquarters Assignments

Besides these specific field assignments, the new staff group includes Raymond P. Sanford who will serve as Chaplain Consultant at Large with headquarters at 1790 Broadway.

Mr. Sanford brings to the American Social Hygiene Association broad experience as wartime and army of occupation chaplain, many years work as pastor and social worker and recent experience in



community, health and educational work. A native of New Jersey and a 1916 Cornell University graduate, Mr. Sanford served in Europe during the First World War as a hospital chaplain. Following the war he remained for a time as chaplain with the Army of Occupation before returning to the United States to continue his studies at Union Theological Seminary, Columbia University, the University of Chicago and Chicago Theological Seminary. During his years as a pastor he was also interested in community social problems and in 1925 founded the Common Ground Social Agency in Chicago, which held as its aim the meeting of social problems which had not fallen under the care of any existing agency, involving cooperation with all social agencies, civic clubs, churches and federations of labor. During World War II Mr. Sanford as Chief of the Community Management Division of the War Relocation Project at Topaz, Utah, dealt with health, education and community activities problems of 8,000 Japanese.

Mr. Thomas A. Larremore, legal consultant and field representative with headquarters at 1790 Broadway, is another social hygiene veteran who has served in many capacities since World War I when he was a lieutenant in the Sanitary Corps. A native New Yorker, he received his A.B. from Yale and his LL.B. and M.A. in Public Law from Columbia. Mr. Larremore has been admitted to practice law before the U. S. Supreme Court, U. S. Circuit Courts of Appeals (2d and 3d Circuits), the Court of Appeals of the District of Columbia and in the states of California, Kansas and Oregon. Equally well known as a teacher, Mr. Larremore has held professorships and assistant professorships in law at Stanford, Pennsylvania, Columbia and other outstanding universities. His published material includes a case-book on the *Law of Personal Property*, and he plans a text book on social hygiene laws in court. During World War II he served with the American Social Hygiene Association as legal consultant, continuing afterwards as consultant on special law problems of the organization.

Mrs. Esther E. Sweeney, well known as the American Social Hygiene Association Assistant Director of Public Information and Extension, has assumed responsibility as Director of this Division, succeeding Eleanor Shenehon who is now Director of the American Social Hygiene Association, Washington, D. C., office.

Joining the American Social Hygiene Association staff in March, 1945, Mrs. Sweeney previously had more than ten years' experience with the New York City Department of Welfare, the National Travelers' Aid Association, and as Director of the Wilmington, North Carolina, Travelers' Aid Society. A registered nurse, Mrs. Sweeney was also trained at Fordham University School of Social Work.

Miss Ann P. Madsen of Tacoma, Washington, will serve as Assistant Director of Public Information and Extension, succeeding Mrs. Sweeney.



A recent assignment with UNRRA in Europe, war-time experience as executive director of Community War Services and executive secretary for the USO Council in Seattle, Washington, give her broad experience in community work. Trained at Washington State College, with special courses and institutes in social work at the University of Washington and the New York School of Social Work, Miss Madsen served, before the war, as a supervisor for the Federal Works Program, for the State Public Welfare Department and Family Service Society. In the latter capacity she assisted the public health officer in establishing a social service department in the venereal disease clinic. During her wartime work with the Seattle Community War Services and USO she became well acquainted with all social agencies, civic organizations, labor and management



ANN MADSEN



LOUISE CROSS



ESTHER SWEENEY

groups as well as city, state and federal agencies. Miss Madsen's UNRRA assignment included three years in Europe where she served as Deputy Director and Welfare Officer in the British Zone of Austria, assisting in the establishment of educational, recreational, child care and other welfare activities for displaced persons and also as Liaison Officer between UNRRA, the military agencies, repatriation missions and voluntary societies. While in Europe Miss Madsen traveled to all its major countries, visiting their various welfare agencies.

Miss Louise Cross, Assistant Director of the Department of Public Information and Extension, functioning as an educational writer for the American Social Hygiene Association's national defense program, brings a rich background in popular and educational writing, particularly in medical subjects to this assignment. Following special training in various New York medical schools and hospitals, she has worked as an illustrator, research worker, editor and writer, assisting physicians to prepare books, articles, lectures for medical schools, professional publications and organization reports. Her experience also includes writing medical articles for popular publications. A native of Minnesota, Miss Cross holds an A.B. degree from Wellesley and M.A. from the University of Chicago.

As announced in the October JOURNAL, the Washington Liaison Office was reopened on September 1 at Room 512, 1424 K Street, NW, Washington 5, D. C., with Miss Eleanor Shenehon as Director. This office will cover work with government and voluntary agencies, the field representative for this territory covering all military installations.

**U. S. Public Health Service Announces District Directors.**—In accordance with the plan announced recently by Federal Security Administrator Oscar R. Ewing for the establishment of district offices,\* Surgeon General Leonard A. Scheele has announced the following U.S.P.H.S. District Directors.

Region	District Director	Regional Headquarters	States Covered
I	Medical Director A. J. Aselmeyer	Boston, Mass.	Maine, Vermont, New Hampshire, Massachusetts, Con- necticut, Rhode Island
II	Medical Director Henry A. Holle	New York, N. Y.	New York, Pennsylv- ania, New Jersey, Delaware
III	Medical Director Winfield K. Sharp, Jr.	Washington, D. C.	Maryland, Virginia, West Virginia, North Carolina, District of Columbia
IV	Medical Director A. B. Price	Cleveland, Ohio	Michigan, Ohio, Kentucky
V	Medical Director F. V. Meriwether	Chicago, Ill.	Minnesota, Wisconsin, Illinois, Indiana
VI	Medical Director C. C. Applegate	Atlanta, Ga.	South Carolina, Georgia, Tennessee, Mississippi, Alabama, Florida
VII	Medical Director Joseph O. Dean	Kansas City, Mo.	North Dakota, South Dakota, Nebraska, Iowa, Kansas, Missouri
VIII	Medical Director K. E. Miller	Dallas, Tex.	New Mexico Oklahoma, Texas, Arkansas, Louisiana
IX	Medical Director L. B. Byington	Denver, Colo.	Montana, Idaho, Wyoming, Utah Colorado
X	Medical Director Walter T. Harrison	San Francisco, Calif.	Washington, Oregon, California, Nevada Arizona

**Dr. Parran Heads New School of Public Health at University of Pittsburgh.**—Front-page space and enthusiastic editorial comment greeted the announcement in the nation's newspapers on September 23 that the A. W. Mellon Educational and Charitable Trust had given

\* See October, 1948, JOURNAL OF SOCIAL HYGIENE.

to the University of Pittsburgh the sum of \$13,600,000 for establishment of a new graduate school of public health, to be headed by former Surgeon General Thomas Parran as dean. Paul Mellon, a trustee of the Mellon Trust and son of former Secretary of the Treasury Andrew W. Mellon, said in making the announcement, "The project is conceived as a nucleus from which, through extensive research and the association of others active in the field, there will evolve a great institute of preventive medicine for the betterment of health conditions". Expressing the satisfaction of himself and the other two trustees, his sister Mrs. Ailsa Mellon Bruce, and Donald D. Shepard, over Dr. Parran's selection to head the new project, Mr. Mellon described the school's goal as "world leadership in industrial and occupational health and in other fields of preventive medicine". In accepting, Chancellor R. H. Fitzgerald said "The University is happy to receive this gift, the largest ever received by Pitt, because it emphasizes the importance of education in fulfilling the community's basic need; the good health of every man, woman and child." Stating that Dr. Parran would assume his new duties immediately, Chancellor Fitzgerald said that he would serve the University also as consultant on medical sciences, and that a good deal of research and preventive work would be done in the Pittsburgh area.

Dr. Parran, speaking before the fiftieth anniversary convention of the American Hospital Association at Atlantic City on the same day, said that he expects to be in Pittsburgh full time after October 1, following a meeting of the Pan American Sanitary Bureau Executive Committee in Mexico City at which he represented the United States. He said that he would apply for retirement from the U. S. Public Health Service, with which he has been associated since his graduation from Georgetown University in 1917.

The Pittsburgh school, like the ten other university schools of public health in the United States and Canada,\* will prepare students to receive the degrees of Master of Public Health and Doctor of Public Health, both being postgraduate to degrees in medicine, dentistry, sanitary engineering, nursing, bacteriology and allied sciences. The terms of the Mellon grant provide for a first gift of four million dollars to obtain "outstanding men to administer the school", a second gift of \$1,600,000 for operating and development expenses in the first five years, and finally, five million dollars will be provided for building the school and its laboratories "but only after it is accredited to grant graduate degrees in public health and after its work has been tied in with the university medical science schools and Pittsburgh hospitals".

The work of selecting a key faculty will be begun at once, but Dr. Parran estimates that it may be 1950 before the school is ready to open its doors to students.

\* At Harvard, Yale, Columbia, Johns Hopkins, the Universities of Michigan, Minnesota, North Carolina, California, Tulane University and Toronto University. The University of Puerto Rico also cooperates in conducting a School of Public Health at the School of Tropical Medicine in San Juan.



**Army Advisory Council on Women's Interests Holds Fall Meeting.**—Meeting for the first time since General Omar N. Bradley became Chief of Staff, members of the Advisory Council, Women's Interests Section of the Army's Public Relations Division came together at the Pentagon Building, Washington, on September 22nd for another of the highly important and interesting all day conferences which have been held at intervals since the Council was organized in 1941 under the chairmanship of Mrs. Oveta Culp Hobby. About 35 representatives of nearly as many national women's organizations were present. With Miss Margaret S. Banister, Council Chairman, presiding, the group was greeted at the morning session with brief talks from Defense Secretary James Forrestal, General Bradley, and Major General Bryant E. Moore, recently assigned Chief of the Army Public Information Division, heard a general exposition of the Army's information program from Lieutenant General Raymond S. McLain, Chief of Information, and explanations of *The Army's Current Mission and Policies* by Lieutenant General Albert C. Wedemeyer, Director, Plans and Operations Division, Brigadier General Julian W. Cunningham, Deputy Director Organization and Training Division, and Major General John E. Dahlquist, Deputy Director Personnel and Administration Division. At the luncheon session with officers of the Army Public Relations staff and with General Moore presiding, Russel J. Hopley, Director, Office of Civil Defense Planning, spoke on recent developments and future plans. The afternoon session was given over to *Women in the Armed Forces*, speakers being Lieutenant Colonel Mary L. Milligan, Deputy Director, Women's Army Corps; Colonel Geraldine P. May, Director, Women in the Air Force; Lieutenant Colonel Agnes A. Maley, Chief Army Nurse Branch, Personnel Division, Surgeon General's Office, and Colonel Emma E. Vogel, Chief, Women's Medical Specialist Corps.

The meeting closed with a business session which discussed plans for continuation during the winter and spring of the series of regional conferences which have been held with women's groups in the various Army areas.

ASHA representatives attending the Council meeting were Miss Eleanor Shenehon, Director of the Washington Liaison Office, and Miss Jean B. Pinney, Editor of the JOURNAL OF SOCIAL HYGIENE.

**National Medical Association Holds Annual Convention.**—A full week of clinical sessions, discussions, scientific lectures and exhibits featured the fifty-third annual meeting of the National Medical Association held in New York City, August 16–20. Among the speakers were Surgeon General Leonard A. Scheele, U. S. Public Health Service, Federal Security Administrator Oscar R. Ewing, Basil O'Connor, president, National Foundation for Infantile Paralysis; Dr. J. Burns Amberson, National Tuberculosis Association and Dr. Harry S. Mustard, N. Y. City Health Commissioner.

A special feature was the exhibits (55 commercial and 15 scientific organizations participating), with distribution of free publications. The American Social Hygiene Association exhibit, with Miss Carmine Wareham in charge, dealt with *Prostitution and VD*, with emphasis on the educational and medical aspects in prevention and control of VD. Stress was laid on education of the public as an important method of prevention and control. Miss Wareham reports that while most physicians attending the convention seemed well acquainted with the work of the ASHA, considerable new interest in ASHA activities, particularly those relating to the educational program, was shown by teachers, nurses, and doctors' wives visiting the exhibit.

**New Form of Penicillin Effective for 24 Hours.**—A comparatively new form of penicillin, "intracillin," produces "an effective blood penicillin level" for 16 to 24 hours, according to an article in a recent (September 11) issue of *The Journal of the American Medical Association*, by five researchers from the Division of Pharmacology and Chemotherapy, Warner Institute for Therapeutic Research, and the Medical Department, William R. Warner & Co., Inc., New York City.

The researchers—N. Ercoli, M.D.; W. C. Hueper, M.D.; L. Landis, M.S.; B. S. Schwartz, M.A.; and F. J. Queally, M.D., say that intracillin is a preparation of potassium penicillin, oil, and adrenalin. Tests on 25 volunteers show that no significant increase in blood pressure can be attributed to intracillin. Blood pressures were taken at intervals up to 21 hours after intracillin was injected. The preparation can be given with ordinary syringes and needles. Clinical study, the article states further, has confirmed the therapeutic value of this type of penicillin. In studies made at the New York City Department of Health, a single injection of intracillin cured 97 out of 100 male patients with gonorrhea. The three patients who did not respond to the first injection were promptly cured with a second injection, the article says.

**September as Youth Month.**—In connection with the national drive against juvenile delinquency sponsored by Attorney General Tom Clark for the past two years through the National Conference on this subject and by means of continuing state and community committees, the month of September was proclaimed by President Truman as *Youth Month*. As a feature of the celebration the President on August 11 introduced in Washington, D. C., a new postage stamp commemorating National Youth Month, before a gathering of about 400 welfare officials, boys and girls and others interested.

Theatre Owners of America took a prominent lead in promoting programs to spotlight youth and to combat juvenile delinquency. One of the special short subjects listed by them for presentation was *Families First*, a new documentary and dramatic film produced by the New York State Youth Commission, which met with the highest approval of the state and municipal officials, civic leaders and the press.

New York City officially opened the month with an all-day series of special programs donated by station WNBC. During a 19½-hour



period, every regularly scheduled local program on the station was devoted to the youth of the nation, with such radio stars as Jinx Falkenberg, Tex McCrary, Mary Margaret McBride and Bill Stern participating.

Another feature of the New York City celebration was a parade in which 2,000 children marched from Cooper Union Square to Fourteenth Street in the first of the city's *Salute to Youth* ceremonies. Following the parade the children saw the motion picture *Mickey* as guests of the Skouras Academy of Music Theatre.

**Dr. Alice Salomon Dies.**—Dr. Alice Salomon, pioneer German sociologist, who was expelled from her native land by Nazi secret police in June, 1937, died in New York City August 30 at her home, after a long illness. Her age was 76. Dr. Salomon, referred to by many of her associates as "the Jane Addams of Germany", before her exile had received the highest honors of her government for her pioneer work in public health, her studies of women and children in industry and her achievements in scientific social work. In 1932 the honorary degree of Doctor of Medicine was conferred upon her by the University of Berlin.

Dr. Salomon started in 1899 a course for professional social workers, which later developed into the first German School for Social Work. She helped organize the International Congress of Women in 1904 and was elected vice president of this organization in 1920. Later she served as president of the International Committee of Schools for Social Work. She was the author of several textbooks and has served on the board of the Women's Red Cross, the National Council for Social Work and the Society for Social Reform. Notable among her books are a thirteen-volume survey on the modern family and a book on her impressions of the United States.

**Dr. DuMez, Noted Pharmacologist, Dies.**—Dr. Andrew G. DuMez, dean of the School of Pharmacy, University of Maryland, secretary of the American Council on Pharmaceutical Education, and a valued member of the Joint Committee of ASHA-APA, died September 27, 1948 in Washington, D. C., at the age of 63 following a sudden illness. He was well known as a leader in pharmaceutical education in this country and the Philippines, and a long time member and past president of the American Pharmaceutical Association. Dr. DuMez had been selected by the latter organization to receive the Remington Medal for outstanding achievement in pharmacy at a dinner to be given in his honor in November by the New York branch.

Dr. DuMez, a native of Wisconsin, was educated in his home state, receiving graduate degrees from the University of Wisconsin in pharmacy and philosophy. He served as professor at the University of Wisconsin, Pacific University and Oklahoma A&M College, as director of the Pharmacy School of the University of the Philippines and since 1926 as dean of the University of Maryland School. Last year he was appointed pharmacy consultant to the Army's Surgeon General.



## EDUCATIONAL NOTES

BETTY A. MURCH

*Assistant Director, Division of Education and Public Health  
American Social Hygiene Association*

**Connecticut Holds "Educating for Responsible Parenthood" Workshop.**—Aimed at greater recognition of the need for effective training for parenthood, a summer workshop on *Educating for Responsible Parenthood* was held at Willimantic State Teachers College, Connecticut, July 12–16. Sponsored by the Connecticut Parent-Teacher Association, with the cooperation of Willimantic State Teachers College, State Education Department and State Health Department, the workshop was designed to help unit, council and district parent-teacher association leaders to see "what needs to be done, how to do it, and who may be available to assist in the doing." Five general areas of responsible parenthood were considered, community health, the modern elementary school program, family recreation, the building of attitudes basic to world understanding, and education for home and family living. Lectures of particular value to social hygiene workers were: *Social Hygiene*, Dr. Henry P. Talbot, State Health Department; *The Family—the Hub of Recreation*, Dr. Olga Little, psychiatrist, Willimantic; *Relationships within the Family*, Augustus Reidel, faculty, Willimantic State Teachers College, and *Education for Home and Family Living*, Robert Wickware, faculty, Willimantic State Teachers College.

**Mississippi's ERP Program Grows.**—The Education for Responsible Parenthood program, launched by the Mississippi Social Hygiene Association in recent years, continues to expand and show good results.

An intensive program in education for family life, emphasizing leadership training, was held at Mississippi Southern College, Hattiesburg, April 26–30, in cooperation with the Mississippi Social Hygiene Association and the American Social Hygiene Association. Sessions were attended by 5,810 persons, the enrollment including 77 superintendents of schools and teachers. A faculty of distinguished leaders from various parts of the country, including representatives of leading universities, churches, labor and home economists, contributed to the excellent program. Samuel T. Robbins, executive secretary, Mississippi Social Hygiene Association, who did considerable of the planning for the institute, and Dr. Mabel Grier Leshner, ASHA Educational Consultant, were faculty members.

One of the successful evening programs, with a theme of *Preparation for Marriage*, was highlighted by a session on *Religion in Marriage; Ministers Speak to Brides and Husbands*. Taking part were:

V. Rev. Msgr. Joseph B. Bruini, Chancellor, Natchez Diocese; Rabbi Stanley R. Brav, Anshe Chesed Congregation, Vicksburg; Father Eamon Mullen, St.

Peter's Catholic Church, Jackson; Dr. Wyatt Hunter, Pastor, First Baptist Church, McComb, and Dr. Hewitt B. Vinnedge, Professor Religious Education, Mississippi Southern College.

Following the institute Mr. Robbins has been requested to organize and direct similar institutes at Mississippi State College and other educational institutions. Another Mississippi Southern College institute is already planned for next spring.

Meanwhile, the Mississippi Social Hygiene Association, reporting for the year, says 47,000 adults, comprising parent-teacher groups, women's clubs, Rotary, Lion, Kiwanis, Civitan, Optimist, Exchange, Mother's Study Club and many church groups, heard Mr. Robbins speak on some phase of Education for Responsible Parenthood during the year. He has also lectured to 8,000 youths in various groups over the state, has taught courses in *Marriage and Family Living* at Mississippi Southern College and conducted a summer workshop in family life education which was attended by 122 superintendents of schools and teachers.

**Sex Education Courses for Baltimore Teachers.**—Dr. Lillian B. Davis, Supervisor, Health Education, Baltimore Department of Education, has announced two courses and a workshop in sex education to be included in this year's in-service Professional Study Activities for teachers. *Sex Education—One Phase of Human Relations*, offered on Thursdays, September 30, October 14, 28, November 11, December 2, 9, 3:45–5:00 PM, consists of six lectures providing the sociological, physiological and psychological background for sex education. This series, open to men and women teachers of all grade levels, is prerequisite to the study group on *Methods and Materials*, a second semester course to be held on Thursdays, February 10, 17, 24 and March 10, 3:45–5:30 PM. The *Workshop in Sex Education*, a new activity this year, continues through both semesters. Dr. Mabel Grier Leshner, ASHA Educational Consultant, is participating in both the *Methods and Materials* course and the *Workshop*. Similar courses offered last year met with considerable interest and success. For further information write Department of Education, Gorsuch and Kennedy Avenues, Baltimore 18, Maryland.

**Lester A. Kirkendall Accepts New Position.**—Dr. Lester A. Kirkendall, director for the past two years of the Association for Family Living, Chicago, has resigned to become program specialist on family life education with the YMCA, Urbana Campus, University of Illinois. Dr. Kirkendall's specific responsibility will be to work out a program on marriage education and family life adjustment for both married and unmarried students. While details of the program are yet to be planned, it is expected that it will center around discussion groups, lecture series and a program of personal counseling.

**Association for Family Living Announces 1948–49 Courses.**—The Chicago Association for Family Living has announced that it will



repeat courses given last year, to be led by the professional staff of the Association and other authorities in the field. Two all day institutes are also planned; one for October 29 on *Living with Adolescents*, led by Dr. Fritz Redl, the second, December 7, on *The Adopted Child and His Parents*.

All classes, with the exception of the institutes, will be held in Association headquarters, Suite 1313, 8 E. Jackson Blvd., Chicago 4. Write Association for Family Living at the above address for further details.

#### **Family Life Education Taught in Rutgers Extension Courses.—**

Extension courses for teachers and leaders on Methods and Materials in Education for Family Life are being given for the first semester 1948-49 by Rutgers University at Trenton, Roselle Park and Atlantic City. Dr. Mabel Grier Leshner, ASHA Educational Consultant, is again conducting the classes.

For further information write to Registrar, Rutgers University, New Brunswick, New Jersey.

#### **Health Educators Discuss Sex Education of School Youth.—**

Directors of Health Education from Oregon, Washington, Idaho and Montana, meeting in Coeur d'Alene, Idaho, August 9 for discussion of regional problems in health education, devoted special attention to sex education of school youth and to rural health education.

**Lebanon, Pennsylvania Prints Marriage Aid.**—An attractive brochure, *Before You Marry*, prepared by a joint committee of the Family & Children's Service of Lebanon County and the Lebanon City and County Ministerial Associations, is being distributed to young people in the county. Copies are available from Family Service, 937 Willow Street, Lebanon, Pennsylvania.

**Oregon: C. E. Avery Named Brown Trust Head.**—Appointment of Curtis E. Avery, registrar of the University of Oregon, as director of the E. C. Brown Trust program of social hygiene education was announced the latter part of August by Dr. H. K. Newburn, president of the University and trustee of the Brown Trust. Mr. Avery has been associated with the University in Eugene for the past two years, and prior to that time was on the faculty of the University of Minnesota where he served as Director of the Bureau of Veterans' Affairs. A native of Colorado, Mr. Avery was educated at Pomona College and Columbia, Stanford and Yale Universities. His war record includes three years service in this country and the CBI Theater, his last assignment being CBI Theater Information and Education Officer, New Delhi, India.

Dr. Adolph Weinzirol, the first director of the trust's educational activities, who has served from 1941, has resigned to devote full time as Professor of Public Health at the University of Oregon Medical School. He will continue with the Brown Trust as medical consultant.



## WORLD NEWS AND VIEWS

JEAN B. PINNEY      and      JOSEPHINE V. TULLER  
*Director*                                  *Assistant Director*

LIAISON OFFICE FOR INTERNATIONAL SOCIAL HYGIENE AGENCIES  
AND ACTIVITIES

**October 24—United Nations Day.**—High point of United Nations Week, observed throughout the world October 17–24 was the last named date, marking the third anniversary of UN founding. In the USA President Truman issued a special proclamation, and with Secretary of State George C. Marshall, greeted a National Citizens Committee in special ceremonies at the White House and the State Department. Many other events were held across the nation.

## News from the United Nations

**UN International Children's Emergency Fund Will Fight Syphilis.**—Among appropriations assigned by the Children's Fund to deal with emergency postwar health problems among mothers and babies is the sum of two million dollars for provision of penicillin and other measures to combat maternal and infantile syphilis. Allocations from this money are to be made by the World Health Organization, as the responsible technical agency, on recommendation of the WHO VD Expert Committee. It is expected that assistance will first be given to eleven European and three Asiatic countries.

That there is urgent need for such efforts is confirmed by recent study of the areas asking for aid, revealing high prevalence of syphilis among expectant mothers. Dr. Thomas Parran, on completion of a two months tour of India and the Pacific Area as one of a two-man Medical Survey Mission to the Far East, Dr. C. K. Lakshmanan, Director, All India Institute of Hygiene and Public Health, Calcutta, being his partner—reported that twenty per cent of women cared for in Siam's maternity hospitals were reported to be suffering from syphilis, and that in Rangoon, Burma, almost fifty per cent were affected.

**WHO Expert Committee on Venereal Infections Meets in Paris.**—As mentioned in the October JOURNAL, a Resolution adopted by the First World Assembly, at Geneva during July last, called for the establishment by the WHO Executive Board “at its first session” of an “Expert Committee on Venereal Infections” to act as an advisory body to WHO, and the Board accordingly approved such action at a meeting held immediately thereafter. Pending permanent appointments, the original VD Expert Committee, set up early in 1948 by the WHO Interim Commission, continues to serve, and met in Paris, October 15–19, with Dr. John F. Mahoney, chairman, presiding. Other members of the Interim Committee are Professor Waldemar E. Coutts of Chile; Professor Marian Grzybowski of

Poland and Dr. G. L. M. McElligott of Great Britain. This "initial nuclear" group is expected later to be expanded to a membership of ten or more.

Among the important tasks facing the Expert Committee was allocation of funds made available by UNICEF, as mentioned above, for combating maternal and infant syphilis.

Further news about the Committee's activities will appear in next month's JOURNAL.

**WHO Executive Board Holds Second Session.**—With Sir Aly Tewfik Shousha, Pasha (Egypt) presiding, the Executive Board of the World Health Organization scheduled its second session (the first session having been held in July following the First World Health Assembly) in Geneva, starting October 25. At this session the Board planned to take next steps to put into effect the Assembly's decisions and policies regarding WHO's six main global health programs, venereal disease being one, and the establishment by the Board of a VD Section in the WHO Secretariat being called for. Other matters to be considered relate to the setting up of WHO Regional Offices, of which the area of Southeast Asia is expected to be the first of five. A meeting of the WHO Regional Committee in this area, held October 4 and 5, with Dr. Chisholm attending, resulted in a recommendation that Regional Office headquarters should be at New Delhi, India, the states to be served including India, Ceylon, Siam, Burma and Afghanistan.

Representatives of eighteen UN member states, elected by the WHO Assembly, serve on the Executive Board, Dr. H. Van Zile Hyde, U. S. Public Health Service Officer assigned to the U. S. State Department Division of International Health, Welfare and Labor Affairs, being the USA representative.

### News from the International Agencies

**International Congress on Mental Health Sets Up World Federation.**—Following the International Congress on Mental Health held in London August 11–21 last, representatives in this field of work from 42 nations formed a World Federation for Mental Health. Dr. J. R. Rees of Great Britain, president of the International Committee for Mental Hygiene, and Congress chairman was elected Federation President. Prime object of the new body will be to promote world peace through mental therapy. The Federation will hold an annual Assembly and the articles call for an international congress similar to the one just held to be convened every four or five years.

A large and representative attendance, a fine program, and competent press coverage marked the International Congress, which was composed of conferences held by three groups; the International Committee for Child Psychiatry, dealing with the theme *Personality*

*development in its individual and social aspects with special reference to aggression*; the International Federation for Medical Psychotherapy, considering the theme *Guilt*; and the International Committee for Mental Hygiene, which discussed *Mental Health and World Citizenship*.

The JOURNAL will hope later to present highlights of the Congress deliberations.

**World Council of Churches Formed.**—Four hundred and fifty religious leaders, representing 147 Protestant and Orthodox church bodies in 44 countries, meeting at Amsterdam, Holland, August 23 to September 4, joined in establishing the World Council of Churches. The Council, which has been in the process of formation since 1938, provides these churches for the first time in history with a permanent instrument for cooperative action on a world-wide scale.

The Council elected six co-presidents, as follows: Archbishop Geoffrey Fisher of Canterbury, Pastor Marc Boegner, president of the French Protestant Federation; Bishop G. Broml y Oxnam of New York, Archbishop Germanos of Thyateira, Archbishop Erling Eidem of Upsala, Sweden, and Dr. Chao Tse-chen, dean of the School of Religion at Yenching University, China.

Headquarters of the Council will be at Geneva, with regional offices around the world. W. A. Visser 't Hooft was elected secretary general, with Robert C. Mackie, Stephen Neill, O. Frederick Nolde, Oliver S. Tompkins and Henry Smith Leiper, as associate general secretaries, the latter being Executive Secretary of the American Committee for the World Council, at 297 Fourth Avenue, New York 10.

Friends of social hygiene attending the Council meeting included Charles P. Taft of Cincinnati, and Dr. Samuel McCrea Cavert, president and general secretary respectively of the Federal Council of Churches of Christ in America.

### News from Other Countries

**Argentina Sets Up New Governmental Social Hygiene Program.**—Word has been received from Dr. Oscar A. L. Camano, Director of Social Hygiene for the National Ministry of Health of Argentina, regarding the appointment of Dr. Jorge Lacase as Director of the Institute for Social Hygiene, designed to further the national campaign against the venereal diseases. Dr. Lacase recently spent some time in the offices of the American Social Hygiene Association, conferring with the staff and generally acquainting himself with the program carried on in the United States and elsewhere as shown by the records of the ASHA Committee on International Relations and Activities.

Among recent recognitions of social hygiene matters in Argentina was a nation-wide observance of National Social Hygiene Day on



September 5 in Buenos Aires, with invited guests from other countries.\*

**Recent Visitors to New York.**—The International Liaison Office has had the privilege within the last few weeks of welcoming the following persons whose interests in our program have been as varied as the countries from which they came. . . . Dr. Pedro Polonio, Medical Chief of Services, Julio de Matos Hospital, Lisbon, Portugal. . . . Professor C. M. Hasselmann, Director, Universitaets-Haut-Klinik, Erlangen, Germany. . . . Dr. Varpu Leppo, International Association of Medical Women, Helsinki, Finland. . . . Dr. Jacobo Antonio Alvarez, Ciudad Trujillo, Dominican Republic. . . . Dr. B. V. Gharpure, Director, Lord Reay Maharashtra Industrial Museum, Poona, India. . . . Miss Hsiu-Chen Lo, National Institute of Health, Nanking, China. . . . Dr. Mamoun Mahayni, Ministry of Health, Damascus, Syria. . . . Miss Gloriela Calvo, Panama, Republic of Panama. . . . Dr. Trygve Iversen, Deputy Commissioner of Health, Oslo, Norway. . . . Dr. Einar Reitz, Commissioner of Health, Stockholm, Sweden. . . . Mrs. Alice Ewan, Racial Hygiene Association, Sydney, New South Wales, Australia. . . . Reverend David E. Richards, Episcopal Church, San Jose, Costa Rica and Dr. Axel Perdrup, Chief Assistant, Rudolph Bergs Hospital for Skin and VD, Copenhagen, Denmark.

\* For some years, the first Sunday in September has been observed in a number of Latin American countries as Anti-Venereal Day, the Argentinian "Day" having been sponsored by the Liga Argentina de Profilaxis Social, a voluntary group now joining in cooperative activities. In Mexico, Puerto Rico and some other areas, Social Hygiene Day is celebrated in February along with the USA observance. In Central America Social Hygiene Day for the past three years has been set for a date in April, coinciding with the Central American Conference on Venereal Disease.

## NATIONAL SOCIAL HYGIENE DAY

Wednesday, February 2, 1949

Theme

Protect the Family . . . Stamp Out VD

Groups planning meetings and other observances are invited to write to the

AMERICAN SOCIAL HYGIENE ASSOCIATION

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## PUBLICATIONS RECEIVED

*Under this head the JOURNAL OF SOCIAL HYGIENE lists publications received and not reviewed. Those which fall sufficiently within its field and are of sufficient importance to its readers to warrant comment will be reviewed in later issues.*

### BOOKS

- BACMEISTER, RHODA W., *Growing Together*, 1947. Appleton-Century-Crofts, N. Y. 325 pp. \$3.50.
- BECKER AND HILL, *Family, Marriage and Parenthood*, 1948. D. C. Heath, Boston. 829 pp. \$5.00.
- BERGLER, EDMUND, *Divorce Won't Help*, 1948. Harper Bros., N. Y. \$3.00.
- BOWMAN, HENRY A., *Marriage for Moderns*, 1948, 2nd edition. McGraw-Hill, N. Y. 544 pp. \$5.00.
- CUBER, JOHN F., *Marriage Counseling Practice*, 1948. Appleton-Century-Crofts, N. Y. 175 pp. \$2.25.
- FARIS, ROBERT E. L., *Social Disorganization*, 1948. The Ronald Press Company, N. Y. 481 pp. \$4.50.
- GROSSMAN, JEAN SCHICK, *Life with Family*, 1948. Appleton-Century-Crofts, N. Y. 231 pp. \$3.00.
- INSTITUTE OF ADULT EDUCATION, *Handbook of Adult Education*, 1948. 555 pp. \$5.00.
- Law of Marriage and Divorce*, 1948. Oceana Publications, N. Y. 74 pp. \$1.00.
- MACKENZIE, I. FRASER, M.D., *Social Health and Morals*, Victor Gollancz, Ltd., London. 173 pp.
- MENNINGER, WM. C., *Psychiatry in a Troubled World*, 1948. Macmillan, N. Y. 636 pp. \$6.00.
- PEMBERTON, LOIS, *The Stork Didn't Bring You*, 1948. Hermitage Press, N. Y. 213 pp. \$2.75.
- PIERCE, WELLINGTON C., *Youth Comes of Age*, 1948. Whittlesey House, N. Y.
- POTTER, EDITH L., *Fundamentals of Human Reproduction*, 1948. McGraw-Hill, N. Y.
- TODD AND SANFORD, *Clinical Diagnosis by Laboratory Methods*, 11th ed., 1948. 954 pp.
- TRECKER, HARLEIGH B., *Social Group Work*, 1948. Woman's Press, N. Y. 313 pp. \$3.50.

### PAMPHLETS, LEAFLETS, AND REPORTS

#### Annual and Special Reports

- THE ARMY'S PLAN FOR IMPLEMENTATION OF THE SELECTIVE SERVICE ACT, DEPARTMENT OF THE ARMY, Press Release, June 28, 1948.
- BOYS' CLUBS OF AMERICA, ANNUAL REPORT, 1947. 11 pp.
- FAMILY SERVICE ASSOCIATION OF AMERICA, ANNUAL REPORT, 1947, *Serving the Family in a Boom Year*.
- HOME TERM, A SOCIALIZED COURT FOR FAMILY PROBLEMS IN THE N. Y. CITY MAGISTRATES' COURT SYSTEM, published by Home Term Court, 300 Mulberry Street, New York 12, N. Y. 29 pp.
- THE NATIONAL COMMITTEE FOR MENTAL HYGIENE, INC., 1790 Broadway, New York 19, Annual Report 1947. 48 pp.
- THE NATIONAL CONFERENCE ON UNDERGRADUATE PROFESSIONAL PREPARATION IN PHYSICAL EDUCATION, HEALTH EDUCATION AND RECREATION, a report on the National Conference held at Jackson's Mill, Weston, West Virginia, May 16-27, 1948. 40 pp. \$1.00.
- NATIONAL FOUNDATION FOR INFANTILE PARALYSIS, TENTH ANNUAL REPORT, 1947. 87 pp.
- VDGRAPHICS, a series of folders produced for the District of Columbia Health Department, Bureau of Venereal Disease, for distribution by special groups as part of a public education campaign. Titles and numbers are as follows:
115. *Mr. Bellboy—Here's a Good Tip You Can Give.*
116. *This Is Straight Stuff* (for bartenders).

117. *You Can Help Us by Helping Them, Mr. Taxi Driver.*

118. *There's a Place for You* (for general public).

119. *Prescription for Health* (for pharmacists).

120. *Now—All Together* (for barber shops).

121. *This Is a Good Deal* (for liquor dealers).

122. *Help! I Can't Make It* (for general public).

For further information, including quotations, write Mr. Felix Grisette, Executive Director of Venereal Disease Education Institute, Raleigh, North Carolina.

WOMEN'S BUREAU CONFERENCE, THE AMERICAN WOMAN, HER CHANGING ROLE, WORKER, HOMEMAKER, CITIZEN. U. S. Dept. of Labor, Women's Bureau Bulletin No. 224.

### Pamphlets for Professional Workers

BIBLIOGRAPHY, June, *Health and Medical Care*. Collection of Meharry Medical College, Nashville 8, Tenn.

SPECIAL VENEREAL DISEASE BULLETIN, July, 1948, on *The Diagnosis and Treatment of Gonorrhea in Private Practice*, J. C. Geiger, M. D., Director of Public Health, and Richard A. Koch, M.D., Chief of the Division of Venereal Disease Control, Dept. of Public Health of the City and County of San Francisco.

### Pamphlets and Leaflets for the General Public

KNOW YOUR SON, fourth of a series of pamphlets to help parents understand their sons and daughters, New York Tuberculosis and Health Association Social Hygiene Committee, 386 Fourth Avenue, New York 16, N. Y. Free.

## IN THE PERIODICALS

### Of General Interest

LIFE, July 26, 1948. *The American Family in Trouble*.

PUBLIC HEALTH NURSING, August, 1948. *Public Health in a Changing World*, Leonard A. Scheele, M.D.

TRUE STORY, September, 1948. *The Truth About V.D.*, Wainwright Evans.

### Sex Education, Marriage and Human Relations

FAMILY LIFE, September, 1948. *Sex Variants: A Challenge to Modern Sex Education*.

—June, 1948. *What Goes Into a Successful Marriage?*, Dr. Vere V. Loper.

HIGHLIGHTS, April, 1948. *Ann Arbor's Family Life Institute*, Rev. Henry O. Yoder.

JOURNAL OF THE AMERICAN MEDICAL WOMEN'S ASSOCIATION, May, 1948. *The Premarital Consultation*, J. T. Dingle, M.D.

MARRIAGE AND FAMILY LIVING, Summer, 1948. *Report on National Conference on Family Life* in four sections: *Behind the Scenes*, Ernest G. Osborne; *Setting the Stage*, Eric Johnston, Ernest G. Osborne, Ewan Clague, Lawrence K. Frank; *The Family Drama*, Charles S. Johnson, Eduard C. Lindeman; *How to Strengthen Family Life*, George M. Harrison, Mary Fisher Langmuir, Kermit Eby, Mrs. J. Homer Remsberg, Leslie B. Hohman, Stanley P. Davies, Earl Shreve, James W. Armstrong, Eric A. Johnston.

NATIONAL PARENT-TEACHER, June, 1948. *Law and the Family*, H. S. Daggett.

PARENTS MAGAZINE, August, 1948. *Happiness in Marriage*, Clara Savage Little-dale; *One Way to Succeed as a Family*, Alice B. Stone.

—June, 1948. *A Doctor Talks to Wives, A Frank Discussion of Marital Problems*, Mildred Gilman.

### Youth in the World Today

BETTER HEALTH, August, 1948. *Boys on the Beam*, Robert H. Weiner.

HYGEIA, April, 1948. *The Schools and Juvenile Problems*, Frank L. Beals.

JOURNAL OF EDUCATIONAL SOCIOLOGY, March, 1948. *Juvenile Delinquency—A Parent-Teacher Challenge*, J. M. Master.



## Public Health and Medical

- AMERICAN JOURNAL OF PSYCHIATRY, January, 1948. *Neurosyphilis*, Augustus S. Rose and Harry C. Solomon.
- AMERICAN JOURNAL OF PUBLIC HEALTH, August, 1948. *Development of a Voluntary Agency for Venereal Disease Control*, Herbert H. Cowper, M.D., M.P.H.
- June, 1948. *Relative Efficiency of the Open and the Confidential Method of Reporting Causes of Death*, Paul H. Jacobson.
- BULLETIN OF THE U. S. ARMY MEDICAL DEPARTMENT, June, 1948. *Management of Venereal Disease Cases in the First Army Area*, First Lieutenant George J. Carroll, M.C.
- BULLETIN OF VENEREAL DISEASES, Massachusetts Department of Public Health, April, 1948. *Postwar Venereal Disease Control*, Max R. Kiesselbach, M.D.
- ILLINOIS MEDICAL JOURNAL, May, 1948. *Rapid Treatment of Asymptomatic Neurosyphilis*, L. M. Schuman, M.D.
- JOURNAL OF PEDIATRICS, May, 1948. *An Evaluation of the Penicillin Treatment in Early Congenital Syphilis*, L. P. Barker, M.D.
- JOURNAL OF VENEREAL DISEASE INFORMATION, June, 1948. *Treatment of Neurosyphilis at Hot Springs Medical Center, Arkansas*, George E. Parkhurst and Richard W. Bowman; *Cardiolipin Antigens in the Kolmer Complement Fixation Test for Syphilis*, John A. Kolmer and Elsa R. Lynch; *Administrative Advantages of Rapid Syphilotherapy on an Out-Patient Basis*, H. D. Chope and James C. Malcolm; *Cooperation of Gonorrhea Patients in Locating Contacts*, Amelia H. Baker, M. E. Easterly and Henry Eisenberg.
- July, 1948. *Syphilis Mortality Analysis, 1933-45*, Harold A. Kahn and Albert P. Iskrant; *The Technic of the Tissue Spread Method for Demonstrating Donovan Bodies*, George R. Cannefax; *Neurosyphilis in the Tropics*, Martin J. Cook; *Reliability of 24-Hour Incubation for Gonococcus Cultures on Ascitic Fluid-Tyrothricin-Difco Chocolate Agar*, Jean Johnston.
- August, 1948. *Venereal Disease Information Among Patients*, R. C. Sexton, Jr., M.D.; *Differentials in the Process of Contact Investigation*, J. Wallace Rion, Albert P. Iskrant; *A Rapid Slide Method for the Titration of Antibodies in Syphilitic Serum*, Abraham G. Osler, Daniel Widelock, Ph.D.; *Report of the Advisory Committee on Education for the Prevention of Venereal Diseases*.
- September, 1948. *Case Holding in the Clinic*, David Frost, M.D.; *Stabilized Citrate Gold for Use in the Colloidal Gold Reaction*, Carl Lange and Albert H. Harris; *Efficiency of Penicillin in Gonorrhea, Analyzed by Sampling Method*, Henry Eisenberg and M. E. Easterly; *Penicillin in Early Syphilis: A Statistical Comparison of Results from Two Studies*, Frank W. Reynolds, M.D.
- MODERN MEDICINE, June 1, 1948. *Slide Test for Syphilis*, B. S. Kline, M.D.
- QUARTERLY JOURNAL OF STUDIES ON ALCOHOL, September, 1948. *The Drinking and Dating Habits of 336 College Women in a Coeducational Institution*, Carol A. Hecht, Ruth J. Grine and Sally E. Rothrock.
- TRAINED NURSE AND HOSPITAL REVIEW, May, 1948. *Modern Treatment of Syphilis*, Waldemar Schweisheimer, M.D.
- VIRGINIA MEDICAL MONTHLY, June, 1948. *Serologic Tests for Syphilis and Their Clinical Application*, W. J. Frohbose, M.D.

Protect the Family — Stamp Out VD

NATIONAL SOCIAL HYGIENE DAY

February 2, 1949

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#### CONTENTS

**Introduction**, Charles Walter Clarke, M.D. . . . **Origin, Methods and Findings of the Kinsey Report**, George W. Corner, M.D. . . . **Psychiatric Considerations**, Jule Eisenbud, M.D. . . . **Statistical Considerations**, Clyde V. Kiser, Ph.D. . . . **Sampling Methods**, John W. Riley, Jr., Ph.D. . . . **Legal Considerations**, Fowler V. Harper, LL.B. . . . **Anthropological Considerations**, Margaret Mead, Ph.D. . . . **Ethical Considerations**, The Rev. John M. Cooper, Ph.D., S.T.D. and The Rev. Harold C. Gardiner, S.J. . . . **Sociological Considerations**, Carle C. Zimmerman, Ph.D. . . . **Public Health Considerations**, John R. Heller, Jr., M.D. . . . **Educational Considerations: Parents' Viewpoint**, Lawrence Frank; **Schools and Teachers**; Helen Judy-Bond, Ph.D.; **Church Viewpoint**, The Rev. Otis Rice.

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#### Current Events and Dates Ahead

- |                           |  |
|---------------------------|--|
| November 8-12<br>Boston   | American Public Health Association Annual Meeting.   |
| November 18-20<br>Detroit | Family Service Association of America, Biennial Meeting, theme to be <i>New Forces in Family Life—New Directions in Family Service</i> , Headquarters Book-Cadillac Hotel. |
| November 26-28<br>Chicago | National Council on Family Relations Annual Meeting, theme to be <i>Personal and Professional Relationships in a Time of Crisis</i> , Headquarters Hotel Sheraton.         |
| December 8-11<br>Chicago  | American Public Welfare Association Convention.  |
| December 28-30<br>Chicago | American Sociological Society Annual Meeting.  |
| February 2,<br>1949       | National Social Hygiene Day. Theme to be <i>Protection of Family Life through Stamping Out Venereal Disease</i> .  |

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National Social Hygiene Day  
Wednesday, February 2, 1949



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# Journal of Social Hygiene

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### EDITORIAL

#### THE THEME AND THE SLOGAN FOR SOCIAL HYGIENE DAY

FEBRUARY 2, 1949

Themes for Social Hygiene Day observances are selected with the object of fixing public attention upon some important, easily understood aspect of social hygiene to which all other aspects can be dramatically related. Social Hygiene Day slogans highlight a part of the whole complex program of medical, public health, educational, legal and protective activities by means of which social hygiene workers strive toward their broad objectives. Like advertising devices, Social Hygiene Day slogans can be criticized as oversimplifying subject matter which is actually very complicated. They usually serve merely to focus attention on commonly understood points of departure for more complete presentation of the body of facts and the points of view which make up the over-all principles and practices of social hygiene.

For 1949's Social Hygiene Day the theme is protection of family life—by wiping out two of the greatest enemies of marriage and parenthood—syphilis and gonorrhea. The slogan, *Protect the Family—Stamp Out VD* fixes attention on a vital reason for fighting these infections.

Physicians know that syphilis and gonorrhea spread especially in families. The daily intimate contacts of family life so favor

the spread of these infections that if one member of a family has a venereal disease, all other members must be examined carefully to determine whether they also are infected. Where there is one infectious case in a family it is common indeed to find more than one.

Of especial importance is the fact that syphilis in a pregnant woman, when the mother does not receive appropriate treatment, is transmitted to the babe before birth in about six out of ten cases. The results in such cases are often disastrous to the child. If the mother has gonorrhea at the time of delivery, the child's eyes often become infected unless protective measures are taken. Though means are available to prevent syphilis in the unborn child and gonococcus infections of the baby's eyes at birth, and in spite of laws in most states requiring protective measures to be taken by physicians attending maternity cases, such damage to child life is by no means rare in the United States today.

The miracle drug, penicillin, can speedily cure most cases of gonorrhea, but the effects of this disease in untreated cases are as cruel as before modern methods became available. One result of neglect is sterility in men and women. Hardly any greater sorrow can come to a husband and wife than to remain childless.

Syphilis, still a cause of death and disability if not found and treated, often deprives children of the care that only a mother can give. Or the family breadwinner may be taken away or incapacitated for work, forcing dependency on those he supported. In either case the family is broken and the children lose the protection and privileges provided by normal family life.

These Protean diseases attack family life in many other ways. They are a common, though often hidden, cause of separation and divorce of husbands and wives. Infection by a spouse is often a result of unfaithfulness to marriage vows. Not infrequently, it is infidelity rather than infection itself which disrupts marriage. Also with the present incomplete understanding of the efficacy of treatment, a spouse may fear to continue in marriage with a person who, even though cured, has once been infected.

When a partner to a marriage has been infected by the other partner, anger and shame often completely wreck the marriage—with divorce or separation the result.

"Can I ever have a baby?" This is by far the commonest question asked by women who have a venereal disease. It is hard indeed for a woman to forgive and harder still to forget conduct that may deprive her of the possibility of motherhood.



The fact of infection in the family, the infidelity which usually is responsible for it, the unreasonable but real stigma still associated with it, the fear of passing on the disease to children—all these rise like a wall between husband and wife and disrupt their life together. Such problems as these frequently confront the physician in the privacy of his consulting room. His efforts to cure venereal disease usually succeed, but his best endeavors to preserve the family too often fail.

The National Defense Establishment, now expanding its military training activities, is emphasizing protection of the family as the best reason for the avoidance and prevention of venereal diseases. Most men in civilian life or in the armed forces, it is assumed, and rightly, want happy family life and are willing, once they understand the truth, so to discipline their lives that they bring to marriage and parenthood both good health and good character. Again, as in years past, the American Social Hygiene Association is aiding the Army, the Navy, and the Air Force in maintaining an environment conducive to good health and good conduct and in presenting to the recruit the reasons for maintaining such high standards of sex behavior that his future wife and children may be medically and morally safe and happy with him.

The U. S. Public Health Service and all state and local health authorities join with the Association and the state and community social hygiene citizen groups in emphasizing what is doubtless the strongest motive for avoidance and prevention of the spread of venereal diseases; that is, the protection of the family.

Thus broad unity and sponsorship are behind this coming Social Hygiene Day. The slogan calls on everyone everywhere in civil or military life to maintain high standards of sex morals, to help find the infected and provide modern treatment for them, to aid all efforts which seek to repress prostitution and maintain a wholesome environment, and to support community and national plans designed to achieve these objectives.

This is a program which all can support by words and deeds not only on Social Hygiene Day but throughout the coming years.

CHARLES WALTER CLARKE, M.D.

*Executive Director, American Social Hygiene Association*

## THE CHALLENGE AND THE OPPORTUNITY BEFORE OUR FIELD WORKERS

OREL J. MYERS

*Dayton, Ohio*

EDITOR'S NOTE: *These remarks before a group of American Social Hygiene Association staff members in training for field work in connection with the ASHA's new national defense project, so impressed the hearers that the JOURNAL OF SOCIAL HYGIENE decided a wider audience was indicated. Mr. Myers, an attorney long interested in social hygiene in his home city and state, and for some years a member of the ASHA Board of Directors and of the Executive Committee, is currently Chairman of the Finance Committee.*

Some months ago when it became apparent that the security of our country required the establishing of a draft in peacetime, our people—particularly mothers of our youth who will become subject to any draft, felt that some steps should be taken for their protection during the period of required military training. There was a demand that the United Service Organizations be reactivated, that the areas surrounding our military camps be surveyed and every precaution taken to guard the trainees and bring to them needed information and guidance in order that when they had completed their training and service and returned home, they would be fit physically and morally to be citizens in the accepted meaning of that term.

Almost immediately the American Social Hygiene Association, because of its more than thirty-five years of experience and practical work in the social hygiene field, was called upon by the military forces to accept a large part of the job of doing just what the mothers and fathers and all of the people of our country want done, the job of protecting our young people during their period of military training and service.

You members of the staff who have been carefully selected and assigned to the various Army Corps Areas as representatives of the American Social Hygiene Association, are primarily charged with this great responsibility. But I say to you now that in going forward with this task, you will have the full support of the military forces, of the communities where the military camps may be located and all of the folks back home. I know, therefore, that you will accept your task and do it unashamed and unafraid.

As a member of the Board of Directors of the American Social Hygiene Association, of its Executive and Finance Committees, it has been my privilege to review the applications and recommendations setting forth the qualifications, education, moral and religious training, as well as the military record and service in the Armed Forces of each of you. The record of each one of you in all respects has been splendid and one of which you can be justly proud, but you



will, of course, remember that that splendid record will charge you with the equal duty of doing the job which you have accepted. You will be confronted as you go about your work with many problems that will require discretion, ability to work with and cooperate with others, courage and determination to do the job in face of threats that would have a tendency to intimidate and deter many less able and determined workers.

Let me illustrate by reference to one of the problems with which you will be confronted. During the early months of the recent war, Mr. Charles P. Taft, then Director of the Federal Security Agency's Community War Services, including the Social Protection Division, called me by long distance telephone from his office in Washington and asked me if I would accept the responsibility of helping to correct the very bad conditions that then existed in the community surrounding Wright and Patterson Air Fields. To accept the responsibility as requested by Mr. Taft was not only my duty but a privilege, and an opportunity to share responsibility with the local police and health officers, a very fine and cooperative group of people with whom it was a pleasure to work. We found a very serious situation, similar to situations which you no doubt will find in your work. At that time there had been an influx of women and young girls in the community—girls from 12 to 18 years of age, as well as women from 18 to 45. The purpose for which these girls and women came, or for which they were exploited after their arrival in our community and in all communities near military camps, needs no comment. Whatever their original intention in coming there, let me say without fear of contradiction, that the results of the activities of these women and their exploiters, wherever they went, were bad. In our community we picked up many on suspicious grounds or on direct charges of loitering. Medical examination of those picked up in many cases disclosed that they were infected with syphilis or gonorrhea and many times with both.

This situation was so serious that soon after the war started, we divided the work-house in Dayton so as to provide a hospital and clinic at one end for the older women. We took the "old pest-house" which had been used for quarantining small pox patients in the days when that disease was prevalent, cleaned it up and made it into a hospital and clinic for the young girls, or more properly speaking, the children. When girls and women were brought in, they were sent to the public clinic for an inquiry and a blood test. If found infected with either syphilis or gonorrhea, or both, we paid no further attention to the charge of suspicion or loitering, they were immediately provided with treatment—the older women in the hospital and clinic which we had established in the work-house, and the girls between 12 and 18, in the converted isolation building until such time as a test would prove them non-infectious.

In many cases those quarantined or their friends employed an attorney and furnished a bond through a professional bondsman on the charge of loitering. It was our contention then and still is that we have no more infectious or contagious disease than either



syphilis or gonorrhea and that the public health sections of our statute, being Sections No. 1234, and following, of the General Code of Ohio, not only gave us the right but made it our duty to quarantine or confine those infected until such time as they were known to be non-infectious, just as we would be required to do in case of smallpox, diphtheria or other dangerous diseases. Of course we were confronted with numerous writs of habeas corpus seeking to release the girls or women, as the case might be, and in each case we were threatened with a damage suit for false imprisonment. We had in Ohio the case of Ex Parte Company reported in 106 Ohio State Reports (at page 50), which we contended supported our view of confining these people in the work-house or pest-house under the quarantine statute until cured. The attorneys representing these people usually told us how they had received a substantial retainer and because of that they were going to be forced to fight the case on through the Supreme Court, and then sue us for damages for false imprisonment. We made it clear and it was understood that we felt that we had a job to do and we were expected to do it by our community, by the fathers, mothers and sweethearts and that we had no intention of being afraid nor were we ashamed of the job that had been assigned us. In the end not a single one prosecuted their habeas corpus or damage suit to a conclusion. There is moral strength in the right and cowardice in the wrong.

In the isolation hospital where we had the young girls, most of whom were ignorant and inexperienced—I remember one situation when in one day three little girls, one 12, one 13 and one just under 17, all members of the same family, were picked up for loitering, each pregnant, each with syphilis—we were able to teach them something about the “facts of life” and the right and wrong with reference to their conduct, to explain to them the curse they were bound to be to the boys and to the latters’ future wives and children if they continued the course of conduct they had been following. After their treatment had been completed we sent them back to their mothers, fathers or homes where the most of them, so far as we know, became good citizens. With the older women we had, naturally, no particular check upon their future course.

What I have said about our efforts to deal constructively with the medical-social problems of the women applies in principle to parallel efforts for preventing exploitation of the boys and young men and for their protection through medical and social measures. In the early part of the war, we had at Wright Field Colonel Harrison, a medical officer, a fine, outstanding Christian gentleman. Through his assistance and cooperation, we learned many things which made our work much easier. In addition to all the education, recreation and social protective activities questionnaires were required from the men regarding exposures and infections with venereal disease. I remember one morning when eight of the boys at Wright Field described the same girl as the one each had been in company with the night before. When the police finally located her, we found she had a splendid job, but a severe case of syphilis. I have often

thought that I would have loved to have tried her case under a writ of habeas corpus to determine just where the right of quarantine for infectious or contagious diseases begins and ends.

Some of the figures and facts which the Association has published recently in its educational campaign seem to me to furnish the strongest kind of evidence that work such as ours is of vital importance today. You have probably been given among other publications the two folders, *Get at the Root of the Syphilis Problem*, and *Find the Missing Million*. Both of these point out that while great progress has been made in the last few years against syphilis and gonorrhea, these diseases still are far more prevalent than other serious communicable diseases. Compare the figures compiled by the U. S. Public Health Service for the fiscal year ending June 30, 1948:

Measles .....	572,675	Pneumonia .....	79,480
Chicken Pox .....	315,260	Scarlet Fever .....	79,064
Influenza .....	290,303	Malaria .....	14,120
Mumps .....	237,660	Poliomyelitis .....	11,767
Tuberculosis .....	134,101	Diphtheria .....	10,899
Whooping Cough .....	128,601	Rheumatic Fever .....	3,483

SYPHILIS AND GONORRHEA..... 725,560

Then take into consideration that this is only half the story—that these are only *cases reported as under medical care*—that nearly a million other VD infections are believed *not* to be under treatment—and you will need no further proof that here is a special social hygiene job to do as fast and as well as we can do it.

How shall we do it? How get at the root of the problem? How find the missing million? The program is plain. These are the measures, as outlined in these folders and in many other places in the Association's educational literature and community program suggestions:

1. Teach high standards of sex conduct: instill high moral ideals.
2. Aid parents, teachers, clergymen to guide and instruct youth in preparation for marriage and parenthood.
3. Spread accurate information regarding the nature, communicability, and sources of diagnosis and treatment of syphilis and gonorrhea.
4. Fight prostitution and all unwholesome community conditions.
5. Urge citizens to join the social hygiene movement, which, with official and voluntary agencies, combats VD and all conditions favoring its spread.

These measures will work if we make them work. That is the challenge and the opportunity before our field workers—and all other social hygiene workers—today, tomorrow, and without ceasing.



## PAST, PRESENT, AND FUTURE RESPONSIBILITIES OF SOCIAL HYGIENE SOCIETIES IN THE CONTROL OF THE VENEREAL DISEASES \*

R. A. VONDERLEHR, M.D.

*Director, Communicable Disease Center, U. S. Public Health Service,  
Atlanta, Georgia*

The venereal disease program of the last ten years is due to a considerable extent to the support and participation of social hygiene societies and especially to the American Social Hygiene Association. We have done a great deal in these ten years and we have spent a lot of money. If you should add up all the money since the program began in 1938, you would find that the Federal government, the States and communities have exceeded 100 million dollars, and have some things to show for it.

Syphilis mortality has decreased from 16 per 100,000 per year to 9 per 100,000.

Infant deaths due to congenital syphilis per 100,000 live births have decreased from 69 ten years ago to 16 today.

The number of people admitted to mental institutions because of syphilis has decreased from 7.1 to 5.0 per 100,000 population.

The number of serological tests that have been performed has increased from 21½ million in 1937 to about 19 million in the last fiscal year.

The percentage of cases that have come under treatment in the early stages of syphilis has increased from 15 per cent in 1937 to about 30 per cent of all the people who come in with that disease.

Ten years ago there were only 965 clinics, today there are 3,000.

Ten years ago there were no rapid treatment centers because they were unknown. Today there are about 60 rapid treatment centers located in most of the States except in the northeast. Today there are 180,000 admissions annually in these centers—most of them with syphilis.

Ten years ago, there was only one State having a premarital examination law. This year there are 36 States that have satisfactory premarital laws.

The first State prenatal examination law was passed in 1938. Now 38 States have such laws.

These figures I think are significant. But I believe that we should be able to do much more in the future. The control of congenital syphilis is the closest we have come to the control of syphilis by

\* A talk before the Annual Meeting of the Massachusetts Society for Social Hygiene, May 10, 1948.



preventive means. I think the weak point in our VD program is the fact that for both gonorrhea and syphilis, we are dependent on therapy. What I would like to see is some method to prevent gonorrhea and syphilis altogether.

The figures which I mentioned regarding decrease in syphilitic mental diseases are not particularly impressive. The reduction in ten years has been 2.1 per 100,000 population per year, a decrease from 7.1 to 5.0 per 100,000.

The volume of serologic tests now performed is impressive. Not only are serologic tests impressive in terms of quantity but they are impressive now in terms of quality as well. I want to say that there is no serologist in the United States who has a better test than the Hinton test and during the years when I worked with him in the Public Health Service there was no serologist more cooperative than Dr. Hinton.\*

With reference to the percentage of people who begin treatment in the early stage of syphilis, the figure is also impressive. This percentage has increased since 1937 from 15 per cent to about 30 per cent of all the people who come in with syphilis. However, we are still dependent on treatment for control and must wait for the disease actually to manifest itself before we apply control measures. The "ounce-of-prevention" adage does not apply. Clinics are important and I understand that in the northeast section of the country and in densely populated areas where clinics are numerous, there is little need for the rapid treatment centers. For less progressive areas where the population is less dense and the big cities are hundreds of miles apart, it is very important to isolate irresponsible patients in some kind of a hospital. This hospital should make use of the most efficacious and rapid treatment methods.

A few words about gonorrhea. Two schools of thought have developed in recent years. One school is inclined to feel that the gonorrhea problem no longer exists. I am a member of the other school. I do not believe that we have controlled gonorrhea. It is my contention that we have controlled only the *complications* of gonorrhea. I would like to draw an analogy here between gonorrhea and the common cold. Fifteen or twenty years ago one of the real jobs we had was to convince the public that gonorrhea *was* worse than a bad cold. I think that many of us in social hygiene and public health have now reached the point where we have convinced ourselves that gonorrhea is *not* any worse than a bad cold. I am perfectly willing to admit that it is no worse than a bad cold *if you get the proper treatment*. On the other hand, without treatment, it is a very disabling disease. Gonorrhea is morbidity. If we have a million and half or two million cases of gonorrhea in a year—and no one knows how much we do have—even with modern treatment utilizing penicillin, this means probably one million mandays lost a year. To go back to the analogy we usually can prevent *complications* of the common cold, but before we can say we have controlled

\* Dr. W. A. Hinton, Harvard Medical School, whose election to ASHA Honorary Life Membership was celebrated at this meeting.

this infection, we must *prevent the common cold itself* for the common cold is morbidity. The same truths apply to the control of gonorrhea.

I would like to see the Massachusetts Neisserian Medical Society take up again the program for the prevention of this disease. I feel we should aim in the future towards the prevention not only of gonorrhea, but the prevention of syphilis—not through prophylactic means, but if possible through the development of some kind of immunization against the disease.

All of the laboratory workers tell us that it is impossible to develop immunization methods against gonorrhea and syphilis. My answer to that is that ten years ago chemotherapy was as dead as the proverbial dodo bird. Yet at the end of the 1930s we developed the sulfa drugs. Not only did we do this but early in the 1940s we found the superior penicillin. I think now our research deals far too much with chemotherapy and not enough with immunization. A civilization that has produced as complex a mechanism as the atom bomb and atomic energy should be able to produce immunizing processes against gonorrhea and syphilis.

To summarize: I should say that for the future I would like the folks in social hygiene to emphasize and support, first of all, continuance of the present program. Keep it going on its present scale. But do not forget that other possibilities exist and that there may be wider horizons for the future. Our immediate goal should be much more research. My emphasis would be on research which has as its purpose the discovery of some means to prevent altogether, through immunization or other means, the spread of syphilis and gonorrhea, just as we now prevent yellow fever and smallpox.

And finally, do not lose sight of gonorrhea. This disease is a big problem and we must continue to struggle with it.

### Current Events and Dates Ahead

November 25– December 25	National Tuberculosis Association. Annual Christmas Seal Sale.
December 8–11 Chicago	American Public Welfare Association. Annual Round Table.
December 28–30 Chicago	American Sociological Society. Annual Meeting.
January 31– February 1 New York	National Social Welfare Assembly. Annual Meeting. Headquarters, Hotel New Yorker.
February 2, 1949	National Social Hygiene Day. Theme to be <i>Protect the Family . . . Stamp out VD.</i>
February 20–27, 1949	Brotherhood Week, sponsored by National Conference of Christians and Jews.



## SEX EDUCATION—ONE PHASE OF HUMAN RELATIONS

SOME NOTES ON A PROFESSIONAL STUDY ACTIVITY OFFERED BY THE  
DEPARTMENT OF EDUCATION, BALTIMORE, MARYLAND, 1947-48

LILLIAN B. DAVIS

*Supervisor of Health Education, Baltimore Department of Education*

Teachers of small children, teachers of senior high school students, shop teachers, physical education teachers, science teachers, nurses, social workers, supervisors—all these and many more came in a steady stream asking for help. Each of these realized the void in education caused by deleting sex from general education. All were earnest in their desire to help children and youth understand the relationships of boys and girls, and men and women. Some had seen the ugly effects of misinformation and unwholesome sex experiences. The majority, however, were not concerned with the ugly side, but were anxious to include sex in a natural wholesome way as one part of good human relations.

Educational publications, as well as scientific and popular magazines, had carried many articles regarding the need for sex instruction in the schools, but the question was always, "Who shall teach it"? and "How shall they be prepared"? For several years the general point of view had been that sex education could be given through a series of lectures, discussions and motion pictures at some definite time in the school program and the job would be done. The realization that sex education, like character education, must be a part of all education presented a different point of view and caused many teachers to hope that they might be able to make some contribution towards clarifying concepts of sex for the children.

In life, boys and girls—men and women—are together, in work, in play, and in family life. The reactions of male and female on each other are normal, God-given reactions. Understanding these reactions as facts of normal wholesome living is basic to good human relations. To help teachers understand this concept, the Department of Education of Baltimore, Maryland, organized *Sex Education—One Phase of Human Relations* as one of many professional development activities offered on a voluntary and free basis to the teachers on Thursday afternoons. These activities held to university standards and carried salary credit if so desired. During the first semester 203 teachers enrolled and attended very regularly. One hundred sixty-seven of them did the required work for credit. During the second semester 167 enrolled and 159 did the required work for credit.

The first semester's series of six lectures was planned to give the teachers the necessary sociological, physiological, and psychological subject matter background and were delivered by specialists in the specific areas. Speakers and topics were:



- I. *The Meaning of Sex in Human Life*, Dr. Ivan McDougale, Professor of Sociology, Goucher College and Johns Hopkins University
- II. *The Biological Aspects of Sex*, Dr. Bentley Glass, Associate Professor of Biology, Johns Hopkins University
- III. *The Biology of Human Reproduction*, Dr. Alan Guttmacher, Obstetric Specialist, and Associate in Obstetrics, Johns Hopkins Medical School
- IV. *Psychological Aspects of Sex*, Dr. Paul Lemkau, Associate Professor of Psychiatry, Johns Hopkins University School of Hygiene and Public Health
- V. *Negative Factors and Pathology*, Dr. John C. Hume, Johns Hopkins School of Hygiene—VD Control
- VI. *Sex and Family Relations*, Dr. Muriel Brown, Consultant in Family Life Education, Office of Education, Washington, D. C.

Credit for the first semester was obtained by scanning six books from a selected bibliography and writing a brief statement on each book. The majority of teachers read six books and scanned all that were available. The amount of reading done by this group was really overwhelming.

The lectures of the first semester were prerequisite to the work of the second semester on *Methods and Materials*. The first three sessions of two hours each were lead by Dr. Mabel G. Leshner, Educational Consultant of the American Social Hygiene Association. The large size of the group made discussion impractical, therefore, Dr. Leshner lectured, showing how sex education fits into each level of regular education. She gave the natural wholesome concept of social hygiene with practical methods of teaching. Beginning with early infancy, she traced the development of social relations considering sex as only one part of social and family life. This was carried through the elementary and secondary levels with appropriate teaching suggestions for each level. The minds of many teachers were opened to the incidental opportunities always present for teaching good human relations, and they saw how naturally and simply the facts of human reproduction could be taught. The teachers received these suggestions enthusiastically and requested that Dr. Leshner return next year to conduct discussions with smaller groups.

Three single sessions were led by the writer of this article. At these sessions all available teaching aids, including charts, pictures, models, books, and motion pictures, were presented and discussed. Some of the visual aids prepared in the past few years are very fine, but there is a great need for a simple presentation of the male reproductive system and its function. Sound motion pictures used were *The Story of Menstruation* borrowed from the International Cellucotton Products Corp., Chicago, and the film, *In the Beginning*, made by the U. S. Department of Agriculture. In many states this film may be borrowed from Universities or Schools of Agriculture

where the Department of Agriculture has films on deposit. The third sound motion picture used was *The Story of Human Reproduction*, a recent McGraw-Hill film.\*

During the course many pamphlets were distributed including pamphlets issued by the American Social Hygiene Association which were purchased in large quantities and sold to the teachers at cost. Selected bibliographies were prepared which included pamphlet and scientific references. Only materials which were available were listed on these bibliographies. The Enoch Pratt Public Library cooperated by organizing a reference shelf and keeping one copy of each book on reserve while other copies were placed in circulation. The Department of Education purchased one copy of many different books and these were made available through the professional library of the department. Many teachers purchased one or more books and were very gracious about lending these to others. The amount of reading done by the teachers was made possible because the materials were available. It is important that references be made available. Busy teachers should not have to spend time looking these up.

The group was composed of men and women teachers from all levels of the school system. This was a good way to begin because it broke down barriers and helped articulation. In looking forward to next year, forty-six teachers requested an extension course. They wish to meet as one group several times, but to continue in smaller groups according to grade levels.

An attempt was made to evaluate this course by means of a few objective questions. Only 133 answer sheets were completed and no statistical validity is claimed for the results. They perhaps show trends, namely:

The subject matter lectures were helpful and gave adequate factual material;

Since taking the course, 79 per cent felt no discomfort or tension regarding sex education, as compared to 48 per cent previous to the course.

Eighty-one per cent were planning to include some sex education in their regular teaching assignments of next year.

This course grew in answer to an expressed need. It was planned after considerable reading and keeping in mind the available resource people in our city. *High Schools and Sex Education* by Gruenberg and Kaukonen provided the detailed outline around which the subject matter lectures were developed. We were particularly fortunate in being able to obtain the services of civic-minded professional people who very gladly gave the lectures of the first semester. Each lecturer was sent the complete outline with sub-topics at the time he was

\* The film *In the Beginning* may be purchased from Castle Films, Division of United World Films, Inc., 30 Rockefeller Plaza, New York 20, N. Y. Price \$21.19. The film *The Story of Human Reproduction* cannot be borrowed, but may be purchased for \$110 from McGraw-Hill, New York.



asked to participate, but was asked to consider this as a guide to help fit each lecture into the whole course and in no way restrictive. They seemed pleased to be given definite suggestions and in most instances followed the outline. A one hour session, however, was too short. The lecturers felt rushed and there was no opportunity for discussion. The group of teachers recommended that next year the sessions be  $1\frac{1}{4}$  or  $1\frac{1}{2}$  hours in length.

Enthusiasm and earnestness characterized the reactions of the teachers. Most of them stated that they had received specific help and felt that they could contribute something to the big field of sex education. Each teacher was advised to go slow, to think only of her own teaching situation, and to plan how to include some sex instruction in her own program. To do this, she herself must feel comfortable and at ease. This feeling of ease can be gained only through knowledge, both of the biological and psychological facts involved.

Guided by expressions of interest from many teachers, a similar course has been offered again this year with some few changes. Dr. Leah Kathryn Dice, lecturer in psychology, University of Maryland, who has had considerable experience with school age children, will discuss the *Psychological Aspects of Sex*. Dr. Nels Nelson, Director of the Bureau of Venereal Disease Control, Baltimore City Health Department, will discuss *Promiscuity and Venereal Disease*. The title of the sixth lecture has been changed to *Sociological and Moral Aspects of Sex*. This will be discussed by Rev. William Kailer Dunn from the ethical point of view without reference to religion.

#### 1948 WORKSHOP

Many teachers who attended the course last year asked for a continuation. In preparation for this, one of the group, Mrs. Winifred Carey (who had done special work with a 12th grade class), was sent for a week's Institute on Social Hygiene at the University of Cincinnati. Upon her return she, with Mrs. Helen Brooks, another teacher, and the writer made tentative plans for a Workshop in Sex Education. The enrollment of seventy-one teachers of all grade levels and the limited time has caused many modifications of these plans.

Before the first meeting all registrants received questionnaires asking them to list their problems, questions or interests. Some specific suggestions for discussions were given from which a selection was to be made. During the first session, which was largely orientation, many participated in the discussion, even though the group was so large.

Several plans of procedure were presented for acceptance or rejection by the group, with the following results.

Everyone felt the need for a richer background so they voted to attend the last three lectures with Group I, since the lecturers and titles are different from those of last year.

Problems presented for discussion were:



1. How to re-educate adolescents who have the wrong information and attitude.
2. Integration in the curriculum.
3. How to counsel individuals.
4. Qualifications of teachers.
5. Technique of introducing the subject to pupils of varied backgrounds.

The first session ended by having all questionnaires completed and collected so that they might be organized toward directing future plans.

It was evident that the entire group was concerned with Integration, so that was selected for discussion during the second session, under the leadership of Mrs. Carey. Even though many things said were repetitions from last year the teachers received the ideas with greater appreciation and were concerned about specific references. The bibliographies began to come alive.

The plans for next semester include three double sessions with Dr. Leshner as the leader. For those we are collecting all problems and questions which any teachers may suggest. A committee will attempt to organize these so that they may be attacked with some hope of solution.

We may not be able to follow true workshop methods with this second year group but the plans are flexible; they are growing out of the needs of the group.

We are not attempting to evaluate activities or results, but we do know that many teachers have contributed toward a better understanding of the sex side of human relations. Several senior high schools have had discussion groups on *Marriage and Family Living*. Many junior high school boys and girls have been led to understand the physical changes going on in their bodies. Parents have asked about our program, and with never a criticism. We explain that we have no specific program but that we are trying to help teachers so that they may help boys and girls with their problems. We are attempting to give the sex factor in human living the dignified place it merits among other topics of deep human interest.

Summing up:

Is there a course of study in sex education in Baltimore? No.

Is any teacher told to teach sex in Baltimore schools? No.

Is Baltimore planning to require sex education in the near future? No.

We are feeling our way. We are preparing teachers. We have given considerable sex education in some schools. We are giving more sex education in its broadest concept in many schools. We hope to continue increasing our understanding of all phases of social living. Sex is only one part of human relations.

## WASHINGTON FIGHTS GONORRHEA

### A PRELIMINARY REPORT ON THE DISTRICT OF COLUMBIA'S YEAR-LONG EDUCATIONAL CAMPAIGN AGAINST THE VENEREAL DISEASES

JEAN B. PINNEY

*Editor, Journal of Social Hygiene*

*The Nation's Capital, first in affairs of national policy and government, has also earned a reputation for "firsts" in various fields of health and welfare—among them social hygiene. The District of Columbia Social Hygiene Society, one of the oldest and best-established in the country, is well known for its initiation of novel and practical projects and methods, particularly in relation to family life education. It was a District committee of seasoned workers in mental and social hygiene which recently framed a new and much-needed law, passed by the U. S. Congress—as all District legislation must be—during its 1948 session, to deal intelligently with the prevention of sex crimes and the treatment of sex criminals, and to serve, it is hoped, as a model for similar progressive legislation in the states. And now the District Health Department may chalk up credit for being the first municipal agency to undertake protection of community health by an all-out specific campaign against one of the trickiest and most dangerous diseases afflicting mankind—gonorrhea.*

*This is a "pilot" campaign, designed to test and prove methods and materials for greatest effectiveness in future similar projects in other communities. Pending the full official account of the year's program as projected, this preliminary report is published here for the special interest of community social hygiene workers, whose understanding and cooperation are strong assets in such efforts.*

Gonorrhea, historically the oldest and the most stubborn of the venereal diseases, was the first of these infections to yield to modern rapid therapy. As far back as 1939 the sulfa drugs proved effective against gonorrhea to some extent, and then in the spring of 1943 Mayo Clinic doctors tried the new miracle-working penicillin on three male gonorrhea patients who had not responded to sulfa. All were cured in a little more than three days. Further tests followed with larger groups of sulfa-resistant patients at the U. S. Public Health Service VD Research Laboratory at Staten Island and elsewhere. When penicillin treatment of more than a thousand patients had resulted in a great majority of cases in prompt disappearance of the gonococcus and clinical symptoms of the disease, public health officials and physicians knew that at last they had the weapon needed to conquer this painful, crippling enemy of family health and happiness.



As penicillin therapy was perfected, and greater supplies were available, the prospects for wiping out gonorrhea improved. By 1945 the Public Health Service was able to say that gonorrhea could be cured by penicillin in *one day*, doing away with the need for hospitalizing the patient, and making it possible, unless complications developed, for one visit to the doctor's office—one brief, painless stab of the hypodermic needle—to write *finis* to a chapter in human ills formerly endless.

“Gonorrhea is no longer a public health problem,” it was announced.

This was true enough, by all standards of scientific research and medical practice. When the cause of a communicable disease is clear, when reliable methods of diagnosis and treatment are known, when sufficient medical facilities and supplies are at hand, with skilled minds and hands ready to use them, the infection begins to lose its power to injure the public health. This happened with smallpox. It happened with typhoid fever and diphtheria. It even began to happen, after penicillin was found in 1943 to be as deadly to the spirochete as to the gonococcus, with gonorrhea's twin infection, syphilis.

But it didn't happen with gonorrhea.

By all the rules, with twenty-four hour penicillin cure plentiful and cheap, the gonorrhea rates should have begun a speedy downward slide. Yet state after state and community after community kept on finding its gonorrhea problem a big one—kept on seeing the end results of this painful and dangerous infection among their citizens—young men and women barred from having children because of gonorrheal damage to the reproductive organs—gonorrheal arthritis hindering valuable industrial workers.

Plainly, gonorrhea, though technically counted out, was still tough and full of fight.

Nobody has ever tried to say definitely how many people in the United States have gonorrhea at any one time. The U. S. Public Health Service in its *VD Fact Sheet* of September, 1948, estimates for the fiscal year ending June 30, 1948 “about five times as many new infections as of syphilis.” This means about nine hundred thousand, or 1 in about 150 people. But these are NEW infections. There is no way of telling how many OLD infections existed at the same time. Nor is there any sure count of the number of infections, new and old, that came under medical care. The Public Health Service tally, based on figures received from the State Health Departments, is 400,659 gonorrhea cases (civilian cases only) reported by physicians, hospitals and clinics in the past year, but it is probable that the total number of cases treated was at least twice the reported figure. Many busy physicians fail to report gonorrhea patients, especially now that treatment is so quick and simple.



But whatever the statistical calculations concerning new infections, or cases treated, the facts are plain—too many people still get gonorrhea—do nothing about getting rid of it—suffer the consequences—keep on spreading the disease.

The solution, physicians, public health officials and social hygiene workers agree, lies in teaching the people to know gonorrhea for the dangerous, tricky health enemy it is; that it can be prevented and cured; where to go, what to do, if infection occurs.

Washington, D. C., the Nation's Capital City, like most other communities, has not been satisfied with the progress being made against gonorrhea. Looking the situation over early in 1948, District Health Officer George C. Ruhland and VD Director S. Ross Taggart decided on a new campaign. The U. S. Public Health Service cooperated by assignment of necessary specialized personnel, experienced in publicity work, to plan, coordinate and direct the overall publicity campaign. Dr. Taggart procured the full cooperation of the District Medical Society and the following plan was drawn:

1. A year-long continuous educational campaign, to enlist the full resources and influence of civic and health agencies in the community.
2. The first phase of the campaign to be a three-month drive against gonorrhea—the country's first specific all-out municipal campaign to wipe out this disease.\*
3. Objectives of the gonorrhea campaign to be
  - (1) To educate all residents of the Washington area to know the signs and symptoms of gonorrhea, and to understand the ease and simplicity of modern treatment.
  - (2) To influence the people to put faith in their doctors—to bring their personal problems to their physicians and go to them for examination and treatment if infection is suspected.
4. The gonorrhea campaign to be followed by a drive against syphilis.
5. All types of modern educational methods to be used—radio, television, transcriptions, films, newspapers, lectures, pamphlets, posters, et cetera. New materials to be prepared and tested by repeated use.
6. The Washington experience to serve as a "pilot campaign" which might be duplicated in other communities.

With the start of the campaign set for early July, an opening meeting was called to which representatives of various trade associations, including druggists, hotels, tavern owners, restaurants, barbers and liquor store dealers were invited. At this meeting plans were laid for distribution through their retail outlets of a half-

\* Gonorrhea has been stressed equally alongside syphilis in most educational endeavors, under the general heading of "VD."

million special leaflets and folders as described below. Timed to coincide with the opening meeting was the "kickoff" for newspaper publicity. A plain-speaking editorial from the *Washington Post* sounded a keynote.

### Gonorrhea Drive

In 1947 there were more than twice as many cases of gonorrhea in the District of Columbia as of all other reported communicable diseases combined. Since 1941 the known cases of this malady have increased nearly 600 per cent. Nearly 13,000 cases were reported last year. It is estimated that another 13,000 cases were not reported. If the present trend continues, as to even the known cases, the Nation's Capital will have more than 25,000 gonorrhea victims in 1950.

Here is the shocking background of facts which has led the District Health Department to launch a year-long education and control program on gonorrhea. This easily avoided and easily curable disease, which may cause rheumatism and arthritis, which may affect the heart and which sometimes causes blindness, has reached truly alarming proportions. Part of the increase may be due to more effective methods of finding cases that were formerly kept

secret by the victims. But the menace to the community is not lessened by that probability. What stands out from the present picture is the necessity for complete cooperation among medical, civic and official forces to bring the disease under control or to eliminate it.

Nine out of 10 cases of gonorrhea, the Health Department reports, can be cured safely and quickly and surely with only one injection of penicillin. A few cases require additional injections. But in any event the victim can get a complete cure by going to see his doctor or visiting a Health Department clinic where he can obtain prompt and wholly confidential treatment. There is not the slightest excuse for the spread of this disease. Only prudence has prevented it from being wiped out as smallpox and scarlet fever have been. It is time for the Capital to wake up to this hidden menace and take advantage of the cure that medical science has provided.

Since then, a quick summary of the campaign's high points shows:

#### *Free Penicillin and Physician Cooperation*

An unlimited supply of penicillin was offered free to all physicians who expressed their desire to participate and cooperate in the campaign. A simplified method of reporting the number of cases treated and the doctors' need for additional penicillin was established.

#### *Newspaper and Magazine Cooperation*

During the three months of the drive almost one hundred stories appeared in Washington's four daily newspapers, the *Post*, the *Times-Herald*, the *Daily News* and the *Evening Star*. Each paper assigned a reporter to the Health Department's VD Bureau. Working in close harmony they developed an intensive campaign which included feature articles on all phases of gonorrhea as well as straight news coverage of special stories and development of the drive. Editorial chiefs wrote outstanding leaders. Society and women's pages and syndicated columns on health gave generous space. The national magazines *Time*, *Pathfinder*, *Tide*, *Broadcasting* and *Newsweek* published complete histories of the drive and its purposes.

The District Social Hygiene Society cooperated in developing suitable newspaper material.

Public Library  
Kansas City



The wealth of facts and story ideas uncovered in this way is being preserved and made available to other communities through a 12-page VD ClipSheet of which the cut shows the cover-page.



# VD CLIP SHEET

—THE WASHINGTON DAILY NEWS, MONDAY, JUNE 28, 1948

## District Declares War on Venereal Disease

Page 12

### Leaflet Drive To Open War On Gonorrhea

Page 2

### Doctor Warns Against VD In Telecast

In the Nation's first television broadcast about venereal disease, Station WTTG last night presented a program warning of the alarming increase of gonorrhea in the District.

A doctor pointed out to a teletype during the program that gonorrhea increased in incidence in the last year and now enters its thirteenth year in the District.

The statistics indicate that the venereal disease is becoming the most communicable disease, including syphilis.

The statistics indicate that the venereal disease is becoming the most communicable disease, including syphilis.

The physician stated that symptoms of gonorrhea are pain in urination and appearance of an unusual discharge from the sex organs—more difficult to detect in women.

With the aid of charts the doctor pointed out that more victims are young, median age of female victims being 21½ and of males 23.

Gonorrhea cases increased to 12,000 last year, an increase of 2,000 cases in 1941, the doctor said.

Persons who suspect they have the disease were advised to call the District Health Department, number NE 4-6000, for information about free treatment at clinics or referral to private physicians.

District of Columbia newspapers, in giving all-out support to the District Health Department's anti-gonorrhea drive, have developed a rich mine of facts and story ideas. There have been compiled in this Clip Sheet with the thought that editors and writers in communities contemplating intensive V D case-finding activities would welcome the opportunity to review the material from the D. C. press.

POST 7/27/48

### 400 Patients A Day At Venereal Clinic

Tackling a handkerchief the blonde woman sat on the rim of a chair in a doctor's cubicle at Post Health Center. Her eyes are explained.

"I just got a letter from my husband. He's been diagnosed as having gonorrhea. He has a bad case of gonorrhea."

But just like any young woman the woman went on.

A test on my husband got discharged from the Army. And now he's got cured of gonorrhea. I'm scared for me."

400 Patients a Day

The venereal center was one of some 400 to 500 women, men and youths who daily enter the clinic at 7th and P sts. between 11:30 a. m. and 3 p. m. between 4:30 and 6:30 p. m. for venereal diseases free treatment.

Some patients are regulars. Like the 30-year-old laborer who showed up yesterday because his girl friend had taken out last week. His record showed treatment for this case of venereal disease in 1945.

Others are first-time victims usually frightened, often shocked

and ashamed. For example, the 25-year-old Agricultural Department photographer who said the doctor yesterday.

I'd heard about syphilis and how it starts and what terrible things it can do to a person. But I've never heard about gonorrhea. So I read a story last week.

I learned from Article one referred me to the clinic in the Washington Post in connection with the gonorrhea control drive launched by health authorities.

Heard the story and realized that no symptoms described were what I need.

Running the clinic are two full-time and eight part-time doctors, assisted by the District public health nurses under Dr. A. B. Croxall, acting chief of venereal diseases.

Patients' parents today can expect speed. Gonorrhea flows rapidly to the center drug record. However, the sex pool tend to return from driving heavy work and about all the driving item usual reports until they have recovered.

One of the most vital features put forward by the clinic staff is the intensive out of those persons with whom the infected person has had contact. He realized in this clinic he should be treated if infected.

NEWS 7/19/48

### 'Beat VD in D. C.' Drive Opens Today

The country's first specific, all-out municipal campaign to wipe out gonorrhea opens officially in Washington today with the distribution of 450,000 leaflets describing the symptoms of the District's most prevalent communicable disease.

The four-page leaflets prepared by the D. C. Health Department, are couched in simple, direct language designed to direct infected persons to clinics or doctor's offices for treatment.

The leaflets are of seven types, each designed for distribution through a special channel and bearing an appropriate caution message.

Others are designed to be distributed by hotel rooming houses, barber shops, taverns, liquor stores and drugstores.

David J. McMillan, president of the D. C. Retail Liquor Dealers' Association has urged each of the 300 Clubs & Liquor stores in the city to enclose a copy of the leaflet in each package that goes out of the store starting July 15.

More than 300 drugstores are participating, and more than 300 barber shops likewise will distribute the pamphlets.

Managers of all taxi associations have agreed to distribute pamphlets thru their 3500 taxi drivers.

Philip Charlton, president of the



Cover one of 450,000 pamphlets, distribution of which begins today.

Washington Tavern Owners Association and Robert Wilson, executive secretary of the Washington Restaurant Association, are directing distribution in 750 eating and drinking establishments throughout the city.

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THE WASHINGTON DAILY NEWS, TUESDAY, JULY 6, 1948

### VD Eradication Campaign Here To be First in U.S.-Wide Series

This time next month Washington will have launched the most intensive and highly organized public campaign against gonorrhea ever staged by a major American city.

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Page 1.

### PRESS COOPERATION IN THE WASHINGTON GONORRHEA CAMPAIGN

The cut shows cover page of a twelve-page tabloid-size collection of newspaper and magazine feature stories, editorials, news and other items appearing in Washington newspapers and national magazines during the three-month campaign.



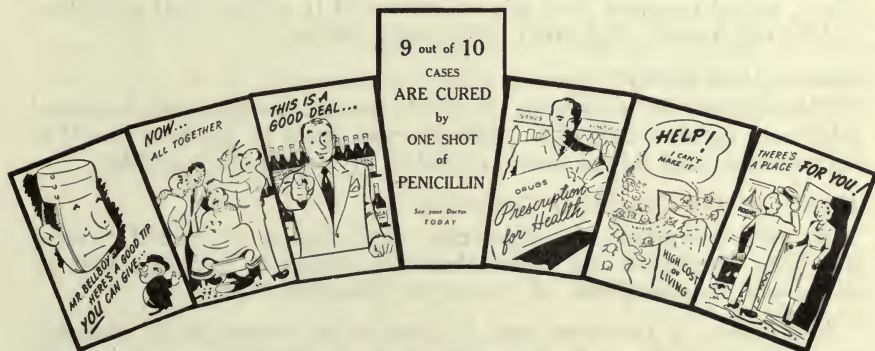
### *Radio and Television*

While the newspapers dealt with the history and current significance of gonorrhea in Washington, radio entered the picture through broadcasts of pointed and hard-hitting pleas designed to bring the public to treatment. The start for radio was a half-hour dramatic program on Station WOOK. A round-table discussion featuring a local sociologist, a clergyman and the director of the Bureau of Venereal Diseases was broadcast on Station WINX. Station WWDC rebroadcast the recorded version of the original dramatic program, and Station WTOP aired a documentary program in which three Washington women who had been examined for gonorrhea discussed their VD stories with Dr. Clifford Bagley, then chairman of the VD committee of the District Medical Society. A week's intensive spot announcement campaign was launched on all eight metropolitan stations, a unified operation which provided a message to the public somewhere on the dial at practically any time of the day and night. Then the broadcast schedule was revised so that for the entire period of the drive each of the eight stations broadcast four announcements daily making a total of 32 messages to the public every day for six weeks.

The NBC television station telecast a two-minute segment of a filmed sequence of distribution of educational material through retail outlets. DuMont Television telecast a dramatic program based on a doctor-patient interview and pointing up the immediate problem through previously prepared charts. These charts were later converted into slide film and, with additional copy, have been placed as spot announcements on all three Washington television stations.

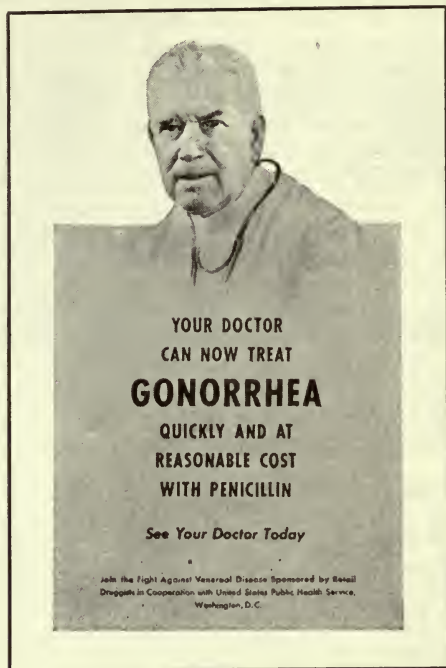
### *Pamphlets and Placards*

Special leaflets were designed for public distribution through the cooperating business organizations—druggists, hotels, bars and restaurants, barbers, and liquor dealers. Other special appeals were mailed out to wage-earners, and were distributed through rooming-house owners and operators. Over half a million of these publications were given out.



EDUCATIONAL LEAFLETS USED IN THE GONORRHEA CAMPAIGN

A counter-card, prepared by the Squibb Company, was used in drugstores.



#### DRUG STORE COUNTER-CARD USED IN THE GONORRHEA CAMPAIGN

This effective display card was contributed by the E. R. Squibb & Sons in a sufficient quantity to supply Washington drug stores.

Kits of educational material including these and other publications were made up for distribution to those requesting them, and throughout the campaign many persons asked for this material, including representatives of government units, and of branches of Army and Navy, school teachers, and others interested in educational activities, publishing houses, and other commercial firms.

#### *Special Information*

Throughout the campaign the VD Bureau maintained a special telephone number and wide publicity was given to the fact that VD information and advice were available by calling this number.

#### *Results of the Gonorrhea Campaign*

As this is written, the gonorrhea campaign as a special project has been concluded (on September 30) although emphasis will be continued on this phase of education throughout the year.

The results of the effort may be seen in the report on a "personal survey" which was made during the latter part of August by *Washington Surveys*, a professional survey organization:

Of 595 persons interviewed by survey organization personnel, 50 per cent spontaneously recalled the VD campaign when asked a general question about Health Department efforts to inform the public about different diseases. This percentage is higher than that for any other Health Department campaign mentioned. (Forty-eight per cent recalled the TB or Chest X-ray campaign; 37 per cent recalled the Cancer Drive, and 18 per cent mentioned the Polio Campaign.)

About 4 out of 5 *adults* in the District of Columbia area appear to have been reached by the VD and gonorrhea campaign—a surprisingly wide impact.

As to success in getting across information on cure for gonorrhea, how the disease is treated, what treatment costs, and where to get it, 45 per cent of those reached by the campaign mentioned these points, while 17 per cent mentioned the need for examination.

• The reporting method established shows:

A 44 per cent increase in applications for VD examinations at Health Department clinics—1,500 applications per month in the three months, as compared to 1,042 per month in the first three months of the year before the drive.

A 200 per cent increase in phone calls to the special VD Information phone number (300 calls per month during the 3 months, as compared to only 100 per month previous to drive).

One hundred and sixty physicians participated in drive, and 1,086 patients were treated by physicians, as against only 396 for the entire year 1947. A letter from one doctor expresses the medical profession's views:

“Although I have not seen any new cases of gonorrhea lately, I wish to express to you the fact that your publicity program is a big help to me in my practice. No longer does anybody object to being examined for VD and many have come in just to make sure. I can now examine my patients for gonorrhea and syphilis without the necessity of being a super diplomat as was formerly the case. I am sure the program also is helping prevent new cases just because people have the subject in mind. I hope the program will be kept up.”

On October 1 the campaign moved into its second phase, a special drive against syphilis. Washington is ninth in syphilis incidence among all U. S. cities—fourth among cities of a million population or less—and Washington is out to do something about that undesirable record.

But that is another story.



## NATIONAL EVENTS

ELEANOR SHENEHON

*Director, Washington Liaison Office  
American Social Hygiene Association*

**Committee on Moral Welfare and Character Guidance Named by President.**—In accordance with recommendations of the Advisory Committee on Universal Military Training, President Truman on October 27 issued an executive order establishing a committee on religious and moral welfare and character guidance, to aid in coordination of official and community efforts to provide a healthy, spiritual and recreational life for servicemen while off duty.

The new committee has been instructed by the President to confer with the Secretary of Defense and the Secretaries of Army, Navy and Air Force concerning ways and means of achieving this end, and local communities are being invited to begin plans now for resumption of social welfare and religious activities "for the benefit of the members of the armed forces in their vicinity during off-duty hours."

Frank L. Weil of New York, lawyer and president of the National Jewish Welfare Board, was named as committee chairman, and other members are:

The Rev. Edmund A. Walsh of Georgetown University; Mark A. McCloskey, director, division of community education for the New York City Board of Education and consultant for the Federal Security Agency; Dr. Lindsley F. Kimball, president, United Service Organizations, Inc., and chairman of the civilian committee on welfare and recreation appointed by the Secretary of Defense last April 2; Basil O'Connor, president and chairman of the board of governors, American Red Cross; Dr. Daniel A. Poling, chaplain of the Chapel of the Four Chaplains, Philadelphia; Truman Gibson, Chicago lawyer; Mrs. Ferdinand Powell, Sr., member, Tennessee State Education Board and Miss Dorothy Enderis, former director, municipal recreation and adult education department, Milwaukee public schools.

**National Health Council Names Dr. Thomas Dublin as Executive.**—The appointment of Thomas D. Dublin, M.D., as executive director of the National Health Council was announced on October 11 by Philip R. Mather, Council president. The new executive succeeds Bailey B. Burritt, who resigned June 30 after successfully guiding the Council through the first steps of its new program undertaken early in 1947.

Dr. Dublin, who comes to his present assignment following six years as professor preventive medicine and community health at Long Island College of Medicine, Brooklyn, is a graduate of Dartmouth College, obtained his medical degree at Harvard Medical School, and holds a doctorate in public health from Johns Hopkins School of Hygiene and Public Health. In addition to his service at Long Island College and teaching assignments at Johns Hopkins Medical School, Albany Medical College and special lecture work at DeLamar Institute of Public Health, Columbia University, he has served on

the staff of the New York State Health Department in administrative and research capacities, and has been concerned extensively with the work of voluntary health agencies, both local and national.

Commenting on Dr. Dublin's appointment, Mr. Mather said:

"This appointment climaxes an extensive search for a qualified executive to guide the Council's expanding activities. With its membership of 23 leading national health agencies, both voluntary and governmental, the Council holds a place of leadership in the public health field. For more than 25 years it has brought together the steadily increasing number of specialized organizations working to improve individual and public health. Under Dr. Dublin's direction the Council will seek to stimulate the provision of adequate public health services of high quality for all the population of the country."

Mr. Mather also announced at this time that the Council has received a grant of \$225,000 from the Rockefeller Foundation to be used over a three-year period to strengthen the program for public health throughout the United States.

**International Association of Chiefs of Police Meet in New York.**—The International Association of Chiefs of Police held its fifty-fifth annual conference in New York City October 10-14, all large cities in the United States and several Latin American and European countries being represented.

The conference heard on October 14 a report of the Committee on Crime Prevention and Juvenile Delinquency by chairman Hugh H. Clegg, assistant director of the Federal Bureau of Investigation. "A good, qualified, well trained, interested policeman is one of the most important factors in a juvenile control program," Mr. Clegg said, "and the proper type of recruits should be attracted by adequate salary and retirement benefits."

Another report of interest to social hygiene workers was that of the Committee on Social Protection of which Walter F. Anderson, State Bureau of Investigation, Raleigh, North Carolina, is chairman. Mr. Anderson emphasized the need for more active participation of the police in controlling and eliminating venereal diseases, stating that this big task is being left to public health workers in all too many communities when a cooperative program, such as was carried on during the war years, would be more effective.

More than forty exhibits were featured, including one planned by Dr. Walter Clarke, executive director of the ASHA, on blood testing for syphilis among industrial workers, based on three surveys made by the ASHA in industry in 1933, 1941 and 1947. The exhibit demonstrated the substantial increase through the fourteen years in the number of companies doing blood testing of applicants and employees.

The Association concluded its conference by electing as president Homer Garrison, Jr., director of the Texas Department of Public Safety, and selecting Dallas, Texas, as the meeting place for its fifty-sixth annual conference.

**National Congress of Parents and Teachers Takes Steps to Improve Comic Books et Cetera.**—State branches and local parent-teacher associations throughout the country are trying to contribute con-



structive action regarding comic books, motion pictures, and radio programs in their communities with the idea of securing the elimination or improvement of those found to be undesirable.

The procedures were recently authorized in a special committee recommendation adopted at the annual fall meeting in Chicago of the Board of Managers of the National Congress of Parents and Teachers. The recommendation, presented by a special committee of twelve headed by Mrs. Joseph W. Eshelman of Birmingham, Alabama, chairman of the organization's Juvenile Protection Committee, is as follows:

Since juvenile delinquency results from lack of proper guidance and example in many homes, evil forces in the community, and other contributing factors, we propose to strengthen our program for helping parents and community leaders to meet adequately the normal needs of children and youth. We propose the following plan of action:

On the National Level: That further studies revealing the effects of these influences on children and youth be made, and that such findings be disseminated, especially to those responsible for undesirable types of amusement. That the National Congress of Parents and Teachers initiate a cooperative movement with publishers and producers to improve products and programs.

On the State Level: All state congresses set up procedures to review their state and local laws and ordinances in regard to sale of objectionable literature, and to seek community action to improve and to enforce existing laws. To encourage the organization of local radio listening councils, motion picture councils, and evaluating groups on comics and other publications. To encourage the study and evaluation of radio programs and motion pictures by students in the schools.

"On all levels encourage a positive approach through committee work of the National Congress of Parents and Teachers."

Members of the special committee which submitted the resolution included the following national chairmen of standing committees:

Miss Elise E. Ruffini, art, New York City; Mrs. Stanley G. Cook, legislation, Indian Head, Md.; Ralph H. Ojemann, parent education, Iowa City, Ia.; Mrs. John F. Ehlers, recreation, Baltimore, Md.; Bruce E. Mahan, visual education, Iowa City, Ia.; Dr. G. F. Moench, health and summer round-up of the children, Oak Ridge, Tenn.; H. B. McCarty, radio, Madison, Wis.; and Mrs. R. V. Hall, character and spiritual education, Texarkana, Ark., as well as these presidents of state congresses: Mrs. George Crampton, Spokane, Wash.; Mrs. H. Otis Howgate, Greenwich, Conn., and Mrs. G. W. Luhr, Oakland, Calif.

An action committee of five, appointed November 11, to work out specific steps for putting into effect the above plan is headed by Mrs. Joseph W. Eshelman.

Other members are Mrs. Howgate, Mr. Ojemann, Dr. Mahan, and Mr. McCarty, all five having served on the special committee listed above.

**American Home Economics Association Works for Better Family Life.**—Social hygiene workers will find much of interest in the annual summary of activities of the American Home Economics Association appearing in the September *Journal of Home Economics*, which reports on the organization's 39th annual meeting held at Minneapolis, Minnesota, June 21 to 24. Various AHEA committees and divisions of work are actively concerned with promoting sound family life, combating juvenile delinquency, supporting social and public health measures contributing to protection of the family



and education for marriage and successful living. Among items of social hygiene import included in the annual summary are:

The AHEA Division on Family Relations and Child Development reports that forty-five presidents of state home economics associations have appointed chairmen in this field. The national division suggests activities and offers help in carrying them out. Some states have far-reaching action programs under-way. One project is a survey of children's centers, results to be used in making recommendations for legislation and training for better centers. The Division of Extension Service during the past year attempted to develop better techniques of dramatizing and presenting the basic ideals of home and family life by radio presentation. One of the interesting projects of the Homemaking Division, including a membership of 1,331, is a follow-up on the National Conference on Family Life. The national group will send recommendations to the 36 local groups composing the Homemaking Department as to what the groups may contribute to the goals established by the National Conference. The Social Welfare and Public Health Division considers questions having to do with home economists working in the related fields of social welfare and public health and professional preparation of home economists who are to serve in these fields. The AHEA works cooperatively with other organizations, joining with eleven national women's organizations in requesting an amendment of the Fair Labor Standards Act of 1938, legislation to safeguard children from too early employment. Notable among the AHEA's plans for action for 1948-49 is a plan to assist states to investigate the nature and scope of preparation for marriage courses and family counseling services available to adolescents and adults, the results to be used by the state as a basis for developing a functioning program in education for marriage and family life at both high school and college levels and for furthering plans for more adequate education of teachers and counselors in family life programs.

Further information concerning program plans may be secured from AHEA headquarters, 700 Victor Building, Washington 1, D. C. Mildred Horton is Executive Secretary, Ruth Connor is chairman of the Division of Family Relations and Child Development, and Miriam Lowenberg is chairman of the Department of Social Welfare and Public Health.

**Clearinghouse on Child Life Research Established in Children's Bureau.**—A clearinghouse for research in child life has recently been established in the Children's Bureau, a unit of the Federal Security Agency, as an aid to research workers in keeping abreast with current studies.

The clearinghouse, set up in response to numerous requests from research workers and professional organizations, will promote interchange of information on research in the various fields affecting child life. It will canvass investigators for reports of studies in progress, including collections of unpublished data and will provide information to research workers on request. A bulletin will be released in 1949 to inform research workers about on-going research in child life. Participation will be voluntary, but it is hoped cooperation will be extensive as the value of the clearinghouse will depend upon its scope.

Dr. Clara E. Councell, formerly of the Medical Section of the Institute of Inter-American Affairs, is director of the clearinghouse. Inquiries should be directed to Dr. Councell, Children's Bureau, Federal Security Agency, Washington 25, D. C.

**Conrad Van Hyning Succeeds Bertha McCall as Travelers Aid Director.**—Conrad Van Hyning, assistant executive director of the Welfare Council of New York City, will leave that post at the end of the year to become general director of the National Travelers

Aid Association, the latter organization announced on October 28. He will succeed Bertha McCall, director since 1933, who is ceasing her administrative duties to write a history of Travelers Aid.

Mr. Van Hyning served in the Caribbean Area during the war as Director of Community War Services, Federal Security Agency. The organizer of the Puerto Rico Social Protection Committee, he was also prominent in the development of the Caribbean Social Hygiene Conference held in San Juan, Puerto Rico in 1944.

**Dr. Menninger Says Recreational Facilities Help Combat VD.**—At a general session of the 30th National Recreation Congress held in Omaha, Nebraska, September 26 to October 1, Dr. William C. Menninger of the Menninger Foundation, Topeka, Kansas, spoke of the need of community recreational facilities in combating delinquency and venereal disease. Dr. Menninger said, "The town which provides only alleys and beer joints as places to play should not wonder why delinquency and venereal disease thrive; both are symptoms of social maladjustment and therefore are problems of morale rather than morals." He further stated that an effective community recreation program is just as important to the mental health of a town or city as sanitation is to its physical health and that communities should provide recreational facilities and expert leadership in the same way they have assumed the responsibility of reducing unemployment.

The program of the Congress, drawing more than 1,000 delegates from 46 states and 3 foreign countries, consisted of 33 panel discussions on many phases of recreation, a special two-day conference on industrial recreation, three one-day institutes, a full day session given over to professional technical problems, activities sessions and general sessions which were devoted to brief summaries of discussion meetings and to addresses by outstanding leaders.

One discussion group dealing with *The Family Plays Together* concluded that forces threatening the family in present-day life continue to gain ground because families do not have good times together. The group, of which Mrs. John E. Hayes, first vice president, National Congress of Parents and Teachers, was chairman, emphasized that recreation should be regarded as a way of living and not as a thing apart.

New Orleans was selected as the 1949 meeting place of the Congress, September 12-16.

Congress officers are: Robert Garrett, chairman of the board of directors; Howard Braucher, president; Adrian M. Massie, treasurer; Mrs. Ogden L. Mills, second vice-president, and Susan M. Lee, third vice-president. The office of first vice-president, held by the late John G. Winant, remains vacant.

**Admiral Stephenson Becomes Member of ASHA Committee on National Defense Activities.**—Rear Admiral Charles S. Stephenson, U.S.N. (retired) recently accepted membership on the American Social Hygiene Association's Committee on National Defense Activities, which was reactivated last June to supervise the Association's project for national defense, set up at the request of the U. S. Interdepartmental Venereal Disease Committee.



Admiral Stephenson's training and experience make his cooperation in this way of especial value at this time. An Honorary Life Member of the Association, he has kept in close touch with the national voluntary program. Throughout his naval career, which began in 1913, he was concerned with the Navy's efforts for prevention and control of venereal disease, becoming in 1936 head of the Division of Preventive Medicine, Bureau of Medicine and Surgery, and being responsible for the important developments in this field during the crucial first year of the war, previous to service as head of the International Commission on Typhus Control.

Other members of the Committee on National Defense Activities, as previously announced, are: Dr. George Baehr, Mrs. Dwight S. Perrin, Major General Irving Phillipson, U.S.A. (retired), Dr. William F. Snow and Dr. Ray Lyman Wilbur. Philip R. Mather is chairman.

**Alan Johnstone Enters General Law Practice.**—Alan Johnstone of Newberry, South Carolina and Washington, D. C., a member of the ASHA Board of Directors and for some years past General Counsel for the Federal Works Agency, has resigned this post and has re-entered the general practice of law. His many friends will be glad to know that he is remaining in Washington for a part of his time, having opened offices at 2000 F Street, N.W. He will also maintain a law office at 800 Calhoun Street, Newberry.

**Program of Alcohol Research Council to Be Directed by Joseph Hirsh.**—Dr. Anton J. Carlson, president of the National Research Council on Problems of Alcohol, announced on October 25 the appointment of Joseph Hirsh as executive director. Mr. Hirsh served for several years as associate director, and since his return from Europe last winter, where he was loaned to the World Health Organization to direct its public information program, has been the Council's acting executive director.

An Army officer assigned to the VD Control program during the war, Mr. Hirsh is known for his writings and lecturing in this field as well as regards his present assignment. He has recently been concerned with assistance to various state legislative programs, legislation drafted and adopted at the request of the Commonwealth of Virginia, to establish a research and treatment program for alcoholics having become a model for other states.

**Col. Julia Stimson, AEF Head Nurse, Dies.**—Col. Julia Catherine Stimson of Briarcliff Manor, N. Y., superintendent of the U. S. Army Nurse Corps from 1919 to 1937 and the first woman to receive the U. S. Army rank of major, died September 30, at age 67, following an operation.

After retirement from active service in 1937 Col. Stimson served as president of the American Nurses Association from 1938 to 1944 and as chairman of the Nursing Council on National Defense from 1940 to 1942. Recalled to active service during World War II, she was assigned to recruiting nurses for the services. Among many honors awarded her were the Royal Red Cross, first class, of Great Britain, the Medaille de la Reconnaissance and Medaille d'Hygiene



Publique of France and the International Red Cross Florence Nightingale Medal.

**U. S. Public Health Service Makes New Assignments to International Program.**—Federal Security Administrator Oscar R. Ewing announced on November 1 that Medical Director James A. Doull, who has served since 1945 as Chief of the USPHS Office of International Health Relations, has been detailed as Director of Research for the American Leprosy Foundation (Leonard Wood Memorial) in Washington. He was chairman of the Foundation's medical advisory board from 1940-43, when he joined the PHS. A former professor at Western Reserve University's School of Medicine, Cleveland, Dr. Doull has been concerned with various aspects of the international health program in recent years. He served as special mission officer, Lend-Lease Administration, as medical consultant to UNRRA, the Foreign Economic Administration, has participated in various sessions of the WHO Interim Commission, and was an alternate delegate to the First World Health Assembly in Geneva this summer. His new assignment will continue to keep him in the international picture, since he will direct studies designed to fill in existing knowledge of leprosy treatment, with the idea of rendering special aid to countries where this disease is a problem.

New Chief of the USPHS Office of International Health Relations is Medical Director Louis L. Williams, Jr., and Deputy Chief is Medical Director H. Van Zile Hyde. Both officers are now on detail to the U. S. State Department Division of Health, Labor and Social Affairs, and will assume their new posts in addition to their present work. Dr. Hyde, as USA representative on the World Health Organization Executive Board, has been in Geneva during the past month, attending the second session of the Board.

Dr. Doull, Dr. Williams and Dr. Hyde are all valued ASHA friends, whose advice and guidance are of much aid to the Committee on International Relations and Activities.

**ASHA Staff News.**—During October, Dr. Walter Clarke, Executive Director, and Mr. Paul Kinsie, Director of the Division of Legal and Social Protection, visited the Association's field offices in Chicago, San Francisco, San Antonio, Atlanta, Washington, and New York City for conferences with Regional Officers of the armed forces. These conferences attended by Regional Medical Officers, Provost Marshals, Chaplains and General Officers provided opportunities to exchange information regarding the help which the Association is able to give the armed forces in protecting military personnel from venereal disease and from demoralizing influences. There were many assurances of the maintenance of splendid cooperative relationships between the Army, Navy, and Air Force and the Association.

**Erratum:** The November JOURNAL, page 387, *U. S. Public Health Service Announces District Directors*, gave Atlanta, Georgia, as headquarters for Region VI. This was in error. The correct address is still 1539 Jackson Avenue, New Orleans, Louisiana.

## NEWS FROM THE STATES AND COMMUNITIES

ESTHER EMERSON SWEENEY

*Director, Division of Public Information and Extension,  
American Social Hygiene Association*

**Connecticut Reports Progress in Social Hygiene.**—A generous section of the Connecticut Tuberculosis Association's recently published eighth annual report is devoted to the program of the Committee on Social Hygiene Information. Efforts to provide parents with adequate information for sex education in the home and to assist local communities in organizing social hygiene committees continue as main objectives of this program.

An important activity for the year was sponsorship of the *Home Study Course in Social Hygiene Guidance*,\* consisting of six lessons covering early childhood through adolescence, in an attempt to give parents the facts to aid in family life education. Following home study, participants met for a series of discussions, usually three, under the leadership of a trained professional worker. Courses of this type were given in Meriden and Hartford and copies of the course have been provided for other groups.

The Committee assisted the Council of Wallingford Organizations and Churches in planning a lecture series on *Youth and Marriage Today* and later planned a series of meetings for a group of mothers on vocational guidance and adolescent problems. A third Wallingford meeting is planned in the form of a panel discussion for parents and teen-agers entitled *You and Your Family*.

In Meriden lectures on *Preparation for Marriage* were given to 50 girls and a larger group of teen-agers heard talks on *How We Grow Up Emotionally*, *Dating Do's and Don'ts*, and *How We Grow Up Physically*.

Dr. Grace Mooney, executive assistant, Connecticut State Medical Society, is chairman of the Committee on Social Hygiene Information and other members are: Dr. Charles C. Wilson, Dr. Henry P. Talbot, Dr. Joseph I. Linde, Dr. Janet Fowler Nelson and Prof. Bessie Bloom Wessel.

**Connecticut Reports VD Continues to Decline.**—A 27 per cent decrease in cases of syphilis reported and nearly a 13 per cent decrease in gonorrhea marked the first eight months of 1948 as compared to the corresponding months of 1947, the Connecticut State Health Department says in its September 13 *Weekly Health Bulletin*. The figures are based on the morbidity reports for this period. Although many factors contribute to this decrease, three are thought by the *Bulletin* to be of prime importance: (1) improvement in treatment of both syphilis and gonorrhea with penicillin, (2) case finding and

\* *Home Study Course in Social Hygiene Guidance*, by Roy E. Dickerson, set of 6 lessons, \$2.00, may be obtained from the American Social Hygiene Association.



follow-up and (3) the improved public educational program which has been carried out by many official and voluntary state and local agencies.

The *Bulletin* cites as a good example of monetary returns accruing from sound public health measures, the fact that cost of VD control has been lowered considerably in Connecticut through the more convenient methods of treatment with penicillin. While it was necessary several years ago to hospitalize all cases of syphilis to be treated with penicillin, many of these cases can now be treated in physicians' offices and clinics, thus reducing cost of hospitalization. There are now twenty free clinics and fifty-six free treatment stations throughout the state. Because of the recent decrease in cases it has been possible to discontinue two clinics.

In the past, self-treatment and treatment by unqualified individuals has been a problem in Connecticut, according to the *Bulletin*. This is gradually being overcome by explaining to the public that cases reported are confidential and there need be no fear that names will be divulged by a clinic or qualified physician. This is part of general educational effort to teach the public that both syphilis and gonorrhea, when treated early, can be cured.

The VD control program in Connecticut is directed by Dr. Henry P. Talbot and its progress has always been a chief concern of Dr. Stanley H. Osborn, State Health Commissioner.

**Illinois: Cook County Reports on VD Control Program.**—In its recently issued 1947 Annual Report the Cook County Public Health Department describes and gives results of its 3-point plan for VD control. The plan: first, through community education to inform people about these diseases, the harm they do and how they can be prevented, treated and cured; second, find and treat every infectious case; third, prevent the spread of venereal disease. Emphasis during 1947 was placed on case finding, treatment and follow-up of early infectious cases of syphilis, all contacts of cases being routinely investigated.

The hub of the program is the Rapid Treatment Center to which as many cases as possible are referred, the advantage being that these patients are then unable to infect others. In the five VD clinics operated by the health department in suburban areas, approximately 600 treatments were given monthly during 1947, a special effort being made to treat all pregnant women who have, or have had, syphilis.

**Nevada: Reno Permanently Outlaws Commercialized Prostitution.**—“Reno again legalizes prostitution. . . .” That statement made news in the nation's press on July 9 last, following a decision handed down by a Nevada District Court Judge who ruled that a notorious exploiter and the inmates of her house were “not guilty” of violating the City Ordinance Amendment, framed in 1942 “to prohibit prostitution for the duration of the present national emergency.” Since the President of the United States had declared hostilities at an



end, the original 1923 ordinance, which permitted prostitution within certain limits, was again valid, the judge stated, adding "it was not the intent of the city ordinance of 1942 to outlaw prostitution in Reno permanently."

Taking advantage of this decision, the proponents of legalized prostitution for Reno were reported to be circulating a petition to compel the City Council to enact an ordinance tolerating legalized prostitution or to call a special election to decide the issue, presumably on the assumption that a secret ballot would be in their favor. However, Dr. Byron H. Caples, State VD control officer and president of the Nevada Social Hygiene Association, reports that good citizen interest rose to the occasion. Church and health groups, backed by the sound attitude taken by the Reno newspapers, mustered the resources of public opinion in favor of vice repressive measures. The result showed in an ordinance passed by the City Council on August 23 permanently outlawing commercialized prostitution in the city of Reno. Reno citizens thus have made known to the world that they do not intend their community to be a rendezvous for exploiters, prostitutes and others of that stamp.

The success of the Reno drive, Nevada newspapers report, may snowball into a movement to outlaw prostitution throughout the state. According to Dr. Caples, prostitution still is legal in 23 Nevada towns.

**New Jersey: Dr. J. Lynn Mahaffey Dies.**—Dr. J. Lynn Mahaffey, director of the New Jersey State Health Board for nearly seventeen years, died November 1 at his home in Haddonfield of a heart ailment at age 69. A practicing New Jersey physician for more than forty years, he was first appointed to the State Health Board in 1925, becoming director in 1931 and serving in that post until 1947.

The originator of many notable health measures during his term of service, Dr. Mahaffey was a faithful supporter of all phases of the social hygiene movement. During his administration the state wide health education program went forward consistently and New Jersey was in the vanguard of the states passing premarital and prenatal examination laws. She was the second of the forty-eight states to pass a prenatal examination law and sixth to have a premarital examination law, both effective in 1938.

Active in civic and medical groups, he was chosen president of the Conference of State and Provincial Health Authorities of North America in 1943.

**New York City Launches New Venereal Disease Campaign.**—Health Commissioner Harry S. Mustard, with the active support of Mayor William O'Dwyer, launched a one-month intensive campaign in New York City, November 8, in an effort to uncover and bring under treatment the city's hidden cases of venereal diseases. Dr. Theodore Rosenthal, Director of the Bureau of Social Hygiene, estimates that there are in New York's 8,000,000 population about 250,000 such hidden cases.

The campaign is in line with the Health Department's continuing program started in 1935 when the Bureau of Social Hygiene was established. The current effort, conducted with the cooperation of the New York State Health Department and the U. S. Public Health Service, Dr. Mustard believes, "will take us a long way toward the elimination of venereal disease as a major public health problem in this city." Although the city's health record for venereal disease infections is a good one, Dr. Mustard states the campaign is being undertaken because advances in medical science now make it possible to eliminate the entire reservoir of venereal disease infection, if those infected will take treatment. While the program is directed primarily toward finding and treating the hidden cases, emphasis is also placed on education for character building and inculcation of proper habits for healthful living.

A variety of public educational methods and materials are being used to arouse public interest in securing examinations and treatment for VD. Posters are being displayed and pamphlets distributed through the cooperation of churches, colleges, airports, sports arenas, ferries, railroads and buses, barber shops, trade associations—to mention only a few of the groups actively aiding the drive. Through the utility companies and hospitals many people will be reached by pamphlets enclosed with bills, and collectors for two large life insurance companies will distribute publicity materials. Large outdoor displays are located at strategic points over the city. Newspaper publicity and a series of fifteen radio transcriptions on VD are being used. Labor unions, government departments, and fraternal societies are doing their part in publicizing the search for "needless" social disease.

The American Social Hygiene Association is working closely with the New York health authorities on radio programs and publicity and is supplying materials and other aids for the campaign.

**New York TB and Health Association Has New Health Educator.—**

Miss Winifred Helen Hillard, R.N., formerly Assistant in School Health Education for the District of Columbia Tuberculosis Association (Washington, D. C.), has joined the New York Tuberculosis and Health Association as Health Education Assistant in the Health Education Division. Miss Hillard is a graduate in nursing from Bellevue Hospital, New York, obtained the B.S. degree in Health Education from New York University, and has completed work for her master's degree in Health Education at the same university.

**Utah Social Hygiene Association Has New Executive Secretary.—**

The appointment of William Tanner as executive secretary of the Utah Social Hygiene Association was announced in early September by Herbert M. Schiller, the Society's president. Mr. Tanner succeeds Wayne J. Anderson, outgoing secretary who has served the society for the past three and one-half years.

A native of Utah, Mr. Tanner attended the University of Utah in Salt Lake City, receiving the B.S. degree in sociology in 1943



before entering the Army. After three years' service as a Field Artillery officer, part of this time being spent with the Third Army, European Theater, he did graduate work in psychology at the University of Minnesota. He now holds the M.A. degree from that institution and plans to complete work for his Ph.D. at the University of Utah while serving the Utah Association. During his two years at the University of Minnesota Mr. Tanner had extensive experience in counseling.

Mr. Anderson leaves Utah to do work toward his Ph.D. degree at the University of Minnesota, also serving the University as assistant professor of sociology.

### SOCIAL HYGIENE DAY . . .

- . . . a time for annual stocktaking
- . . . a time for measuring progress
- . . . a time for planning ahead

. . . This year, more than ever, when America, to stand firm in world crisis, must turn to good account every resource for security and strength of home, community and nation. . . .

### A TIME TO FACE FACTS

The social hygiene facts are mainly good news as we get ready for 1949's **Social Hygiene Day**. There is fine progress to report from all sides. Each year more people know about social hygiene, more people work at social hygiene, more money is provided to accomplish more good and desirable social hygiene projects, more hope is inspired that the ultimate goals, once seeming so remote, may be within our reach. But . . .

### ONE STUBBORN FACT DEFIES US

**The venereal diseases are still unconquered!**

In spite of great effort and great progress, though both infections can now be prevented and cured, syphilis still kills, blinds, makes insane too many people. Too many babies are still victims. Gonorrhea still cripples, disables, keeps men and women from having children. Today, in America, we must face the fact--

**VD still brings tragedy to far too many homes.**

**Social Hygiene Day asks you to help--**

### PROTECT THE FAMILY--STAMP OUT VD!

**Your community needs this program. The program needs you. Start now to make**

### NATIONAL SOCIAL HYGIENE DAY

**Wednesday, February 2, 1949**

**a real milestone on the road towards better health and greater happiness in family, community and nation.**

**Write to**

**THE AMERICAN SOCIAL HYGIENE ASSOCIATION**  
**1790 Broadway** **New York 19, N. Y.**

**to learn how you can help**



## EDUCATIONAL NOTES

BETTY A. MURCH

*Assistant Director, Division of Education and Public Health  
American Social Hygiene Association*

**"Human Growth" Film Used by Social Hygiene Societies.**—The Oregon sex education film *Human Growth* is being favorably received by state and local social hygiene societies, a number of which have purchased copies.

Among these is the Massachusetts Society for Social Hygiene, which announced in its June *Bulletin* that a print of *Human Growth* was available to loan "to parent-teacher associations, churches, schools and other groups interested in furthering sound sex education" and offers the services of the Society's lecture staff to arrange for showing the film and to interpret its use. Mrs. S. W. Miller, Executive Secretary of the Society invites inquiries at the office at 1145 Little Building, Boston 16.

The District of Columbia Social Hygiene Society is another agency which has purchased *Human Growth* for local showings. Among the groups which have seen the film at recent showings arranged by the Society are several parent-teacher associations, and an audience of educators, physicians, psychiatrists and social workers invited to join the Society's Board of Directors in a preview at the U. S. Department of Agriculture auditorium. Ray H. Everett, Society Executive Secretary, reports general approval by the parent-teacher groups, and favorable comment by such important school officials as Dr. James A. Gannon, physician member of the Board of Education, and Dr. Birch E. Bayh, head of the department of health and physical education of Washington's public schools.

As announced in the June JOURNAL OF SOCIAL HYGIENE (page 286) *Human Growth*, a 16 mm. sound film in color, produced in Hollywood under the auspices of the E. C. Brown Trust and the University of Oregon Medical School, is designed to show how sex education can be carried out successfully and acceptably at the junior high school level. The film runs about 20 minutes and a set of twenty supplementary color slides, and a *Film Guide for Teachers and Discussion Leaders* accompany the motion picture. Price (no loan copies available) is \$170.00, and orders should be directed to Curtis E. Avery, Director, E. C. Brown Trust, Division of Social Hygiene Education, University of Oregon Medical School, Portland 1, Oregon.

**New Jersey Issues Pamphlet on Primary School Education for Family Life.**—*Education for Family Life in the Primary Grades* is the title of a 32-page pamphlet for parents and teachers recently published by the New Jersey State Department of Education as *Elementary School Bulletin No. 13*. Prepared under the auspices of the Department's Advisory Committee on Social Hygiene Education,

the new publication supplements previous material prepared by the Committee for use in school programs and published by the American Social Hygiene Association.\*

Dr. J. A. Goldberg, Secretary of the Social Hygiene Committee, New York Tuberculosis and Health Association, evaluates the new publication as follows:

This pamphlet is of practical interest to primary grade teachers. Concerned chiefly with education for family living, it includes sex education, but is not limited to this topic. While the special committee which prepared the pamphlet is not a component part of the State Department of Education, it is of interest to note the appraisal made by Dr. John H. Bosshart, New Jersey Commissioner of Education who writes in a foreword:

"There are innumerable opportunities in the present school program for giving instruction in family relationships from the kindergarten up. . . . Primary teachers have an unusual opportunity for this kind of teaching because the curiosity of children of this age is still objective and adolescent emotions are not yet involved.

"Several important principles are brought out in the bulletin.

"Education for family living in the primary grades should not be a separate subject but should be integrated with the whole school program. Most of it should be incidental, in connection with other studies.

"This sort of education should occur in natural situations as children's problems and interests arise. A few of these problems are so common and fundamental that they may be anticipated and planned for in advance.

"Teaching should be on children's maturity level. Information should not be volunteered which is beyond the child's interest, readiness, and experience.

"It is essential that teachers be trained in what to teach and how to teach it. If not properly trained they may do more harm than good. Teachers themselves should be well adjusted emotionally and should approach the problems wholesomely."

The Bulletin deals with its subject under the following headings: *The Approach, Some Underlying Principles, School and Home Cooperation, School Experiences, Integration in the School Program, Guiding Children Constructively and Selected References for Teachers.*

New Jersey School Districts may obtain *Education for Family Life in the Primary Grades* without charge from the New Jersey Education Department, Trenton. Others may obtain copies from the same address, or from the American Social Hygiene Association, 1790 Broadway, New York 19, at 25¢ per copy.

**New York: Monticello Hears Doctor Robbins on Family Life Education.**—The Sullivan County Health Association, at its annual meeting and banquet October 15–16 in Monticello, New York, heard Dr. Samuel T. Robbins speak on *Family Life Education Interpretation*.

\* *An Approach to Sex Education in the Schools*, by Mabel G. Leshner, ASHA Pub. No. 365, and *Education for Human Relations and Family Life on the Secondary School Level*, Pub. No. A-392. 10 cents each. American Social Hygiene Association, 1790 Broadway, New York 19, N. Y.



tion. The audience of 110 was composed of ministers, educators, medical officers and business, welfare and civic leaders.

The evening meeting was followed next day by programs designed to interest young people. At a morning session 130 students, grades 9-12, heard Dr. Robbins speak on *Youth and Your Future*, centering around boy-girl association. Following the talk, open only to young people, a question period was held. An audience of 500 boys and girls heard Dr. Robbins speak in the afternoon on *Build Now for Your Adult Life and Responsibilities*. In the evening parents, ministers and a large proportion of boys and girls attended the Youth Institute Banquet, where Dr. Robbins again spoke on *Developing a Christian Personality through Family Life Education*. Miss Beryl Cole, Secretary of the Sullivan County Health Association, reports that interest in family life education was definitely heightened by the two-day meeting. Community leaders have shown interest in holding further discussions in this field, requesting Dr. Robbins' return later in the year.

**Rhode Island Offers Lecture Series on "Love and Marriage Today."**—Youth and Family, Inc., formerly the Rhode Island Social Hygiene Association, in cooperation with various church and college groups, social agencies, PTA and civic groups, offered a series of lectures on *Love and Marriage Today* during October and November. The series, presenting as speakers outstanding authorities in the fields of psychiatry, psychology, sociology, religion and medicine, was designed for the improvement of family life and to meet the challenge of maintaining a happy marriage.

The series included *The Findings of the Kinsey Report* by Dr. Abraham Stone, marriage counselor, *The Implications of the Kinsey Report for Youth* by Dr. John Rock, gynecologist, *Can Marriage Be for Life?* by Dr. Margaret Mead, anthropologist, *The Social Environment and the Family*, by Dr. Julius Schreiber, sociologist, *Choosing a Mate* by Dr. Carl Binger, psychiatrist, and *The Spiritual Values to Be Presented in Marriage* by Professor Peter Bertocci, professor of philosophy.

For further information write Youth and Family, Inc., Room 511, 109 Washington Street, Providence 3, Rhode Island.

To remind you again of an important event . . .

**NATIONAL SOCIAL HYGIENE DAY**

**Wednesday, February 2, 1949**

Theme

**"Protect the Family . . . Stamp Out VD"**

Write to

**THE AMERICAN SOCIAL HYGIENE ASSOCIATION**

**1790 Broadway, New York 19, N. Y.**

for program aids and other information



## WORLD NEWS AND VIEWS \*

JEAN B. PINNEY and JOSEPHINE V. TULLER

*Director*

*Assistant Director*

LIAISON OFFICE FOR INTERNATIONAL SOCIAL HYGIENE AGENCIES  
AND ACTIVITIES

### News from the United Nations

#### **World Health Organization Names Top Staff for Secretariat.—**

Since September 1, 1948 when the World Health Organization formally came into existence as a specialized agency of the United Nations, a number of internationally known public health specialists have been appointed to fill top positions in the WHO Secretariat. Announcement of additional appointments will be forthcoming shortly. Among the positions already filled and persons named by Dr. Brock Chisholm, WHO Director-General, are:

*Assistant Director-General in charge of the Department of Technical Services,* DR. RAYMOND GAUTIER (Switzerland), who has served as Chief, Geneva Office, WHO Interim Commission and was formerly Director, Eastern Bureau, League of Nations, and Acting Director, League of Nations Health Section.

*Special Assistant to the Director-General,* DR. WILLIAM P. FORREST (United Kingdom). He was Assistant Director, Headquarters Office (New York) WHO Interim Commission, and was formerly Chief Medical Officer, UNRRA Ukrainian Mission.

*Director, Division of Epidemiology,* DR. YVES BIRAUD (France), formerly Director, Epidemiological Intelligence and Public Health Statistics, League of Nations Health Section.

*Director, Division of Planning,* DR. WILLEM BONNE (Netherlands), formerly Director of Medical Services, Netherlands East Indies.

*Director, Technical Liaison Office, New York,* DR. FRANK CALDERONE (United States), formerly Director, Headquarters Office (New York) WHO Interim Commission, and former Deputy Commissioner of Health and Public Health Administration, New York City.

*Director, Division of Field Operations,* DR. NEVILLE GOODMAN (United Kingdom), formerly Director of Health, European Regional Office, UNRRA.

*Director, Division of Editorial and Reference Services,* DR. NORMAN HOWARD-JONES (United Kingdom), formerly Editor of the British Medical Bulletin and Director, Medical Department, British Council.

*Director of Administration and Finance,* MILTON P. SIEGEL (United States), formerly Assistant Director, Fiscal Production and Marketing Administration, U. S. Department of Agriculture.

#### **Pan American Sanitary Bureau to Be Regional Office for WHO.—**

When the First World Health Assembly authorized the establishment of Regional Headquarters in various areas of the world, the suggestion was made that the Pan American Sanitary Organization be integrated in WHO and serve as Regional Headquarters for the Americas.

\* See also *National Events*, p. 432.

This fall, the Directing Council of PASO, at its meeting in Mexico City from October 8 to 12, approved the integration agreement. It unanimously adopted a resolution calling for acceptance of this agreement as amended at the first meeting of the Executive Board of the World Health Organization in Geneva.

The PASO resolution recommends prompt ratification of the Constitution of the WHO by all the American countries and also authorizes the Director of the Pan American Sanitary Organization, Dr. Fred L. Soper, to sign the agreement with WHO as soon as fourteen Pan American countries have ratified the WHO Constitution. At this time the states in the PASO which have ratified are Argentina, Brazil, Chile, the Dominican Republic, El Salvador, Haiti, Mexico, the United States, and Venezuela. Costa Rica and Paraguay, however, have announced that their governments are completing final ratification formalities. Delegates of the other Latin American countries stated at the end of the meeting that they would urge their governments to ratify the WHO Constitution as soon as possible.

As previously stated in *World News and Views*, the WHO Executive Board is also arranging for Regional Offices in other areas, one to be set up in New Delhi, India, to serve Southeastern Asia, and another to be established as a temporary administrative office for the rehabilitation of war-devastated areas in Europe. A European Health Conference was scheduled to take place in Geneva on November 15-16 to discuss plans and both this office and that in New Delhi are expected to start functioning by January 1, 1949.

**UN and Pan American Union Collaborate in Public Information Program.**—Following conferences between UN Assistant Secretary General Benjamin Cohen and PAU's Dr. Raul Diez de Medina, directors respectively of the UN and PAU departments of Public Information, plans for close liaison regarding informational matters have recently been announced.

Several projects will be launched immediately. The United Nations teletype printer will be installed in the Pan American Union for a direct exchange of news between the two international organizations. In the field of radio, the UN will broadcast over its world-wide facilities a weekly program by the Pan American Union. The agreement also includes publication of a leaflet on the Pan American Union as part of the United Nations' regular series on international organizations. Moreover, the world organization will carry a regular PAU news column in the *UN Bulletin* and the *UN Newsletter*. Finally, both organizations will exchange all publications and information pertaining to Latin America.

Besides these immediate projects, several long-term objectives are also being considered. Eventually, for example, the two organizations might maintain joint distributing agencies in the Latin American capitals. In addition they are planning establishment of a PAU office at Lake Success and a UN office in the Pan American Union's



new administration building in Washington when it is ready for occupancy next July. Joint films and radio dramatizations are also under discussion for the future.

**United Nations Information Centers Receive ASHA Periodicals.**—As a part of services to the United Nations through the ASHA's Liaison Office for International Social Hygiene Agencies and Activities, arrangements have recently been made with the UN Department of Public Information to place twelve UN Information Centers in as many countries on the Association's mailing list to receive the *JOURNAL OF SOCIAL HYGIENE*, and the *Social Hygiene News*. The Centers are located in the following cities:

Rio de Janeiro, Brazil; Shanghai, China; Prague, Czechoslovakia; Copenhagen, Denmark; London, England; Paris, France; New Delhi, India; Mexico City, Mexico; Warsaw, Poland; Geneva, Switzerland; Moscow, USSR; Washington, D. C., USA.\*

While the chief aims of the UN Centers is to provide the areas served with information concerning UN activities, they also are used for general information purposes as feasible, and publications like the *JOURNAL* and *News* are welcomed.

Public Library  
Kansas City, Mo.

**World Health Organization Confirms Official Relationship with International Union against the Venereal Diseases.**—Dr. William F. Snow, President of the International Union against the Venereal Diseases, has received official notice from Dr. Brock Chisholm, WHO Director-General, to the effect that the Union has been included among the international non-governmental organizations with which WHO will enter into official relationship. This action was taken on November 2nd, at a meeting of the WHO Executive Board in Geneva, following recommendations of the WHO Expert Committee on Venereal Diseases and of the WHO Committee on Non-governmental Organizations.

This is in accordance with a resolution adopted by the First World Health Assembly last July, which stated principles to govern relations between WHO and international voluntary organizations, including criteria to be fulfilled for eligibility, procedure for admission and privileges conferred. The latter include the right to appoint a representative to participate (without vote) in WHO meetings within the particular field of the voluntary agency concerned, access to certain documents and information, and the right to submit memoranda to the WHO Director-General regarding desirable steps.

\* It should be noted that the Information Centers conducted by the United Nations are distinct from the fifty or more U. S. Information Centers organized, staffed and stocked, largely in war devastated countries, by the USA State Department, Division of International Information. Another series of Information Centers is conducted by the U. S. Army, in Occupied Countries. The *JOURNAL OF SOCIAL HYGIENE*, the *Social Hygiene News* and other social hygiene publications are also to be found in the library collections of these two latter groups of Information Centers.



### News from the International Agencies

**Pan American Pharmacy Congress to Be Held in Cuba.**—Dr. Hector Zayas-Bazan y Perdomo, General Secretary of the First Pan-American Congress of Pharmacy, has announced that this meeting will take place December 1-8 in Havana, Cuba. The meeting is sponsored by national committees of leading groups in each of the Latin American countries, and in North America by committees representing the American Pharmaceutical Association, the Canadian Pharmaceutical Association and allied groups concerned with education for the profession of pharmacy. The Pan American Sanitary Bureau in Washington is also a sponsor. Professor Jose Capote y Diaz is president of the Congress, and the list of officers and local sponsors is long and impressive, the Cuban government being official host.

Dr. Robert P. Fischelis, General Secretary of the American Pharmaceutical Association and Secretary of the American Social Hygiene Association, is expected to attend the Congress.

### News from Other Countries

**Latin American Schools of Social Work.**—There can be said to be about fifty schools of social work at present in Latin America, according to an article by Robert C. Jones of the Union's Division of Labor and Social Information, appearing in the *Bulletin* of the Pan American Union for October, 1948. The first of these schools was founded at Santiago, Chile, in 1925. By 1930 two others had been set up—another in Chile and one in Argentina. By the end of 1940 a total of twenty-one existed, and approximately 30 new schools have been established since that time. Of the schools in operation at the beginning of 1948 more than half were in the three southernmost countries—eleven in Argentina, 15 in Brazil, and seven in Chile. Three were in Colombia, two in Ecuador, two in Venezuela, and one in each of the other South American nations—Uruguay, Paraguay, Bolivia and Peru. Central America has two schools, one each in Panama and Costa Rica. Mexico has four and Cuba one.

The PAU Division of Labor and Social Information since 1940 has been studying the programs of these schools and acting to some extent as a correlating agency. A preliminary report published by the Union in 1943 has been widely circulated, and an enlarged and up-to-date account of social work training offered in Latin America is expected to be ready before the Second Pan American Congress of Social Service convenes in Rio de Janeiro in 1949. The first such Congress was held at Santiago, Chile, in 1945.

**England: Central Council for Health Education Holds Annual Meeting.**—Founded in 1927, the Central Council for Health Education celebrated its coming of age at its Annual General Meeting, held on July 22 in London. Officers elected for the coming year were: Lord Woolton, president; Sir Allen Daley and Dr. Charles Hill, vice-presidents; Dr. Robert Forgan, Honorable Treasurer, and Dr. E. K. MacDonald, Chairman, with Dr. W. A. Bullough as vice-chairman.

The retiring chairman, Mr. Henry Lesser, who has held the office for the past two years, in a review of past efforts and future plans, said that the interest in health education grows constantly, and that the Council may look forward to making an important contribution in the future, as it has in the past. The decision of the Ministry of Health that the local health authorities must take a larger and more active part in health education, it being recommended that they seek the guidance and aid of the Council, has opened up new opportunities. However, this decision affects the Council adversely from a financial point of view, since under the National Health Services Act which went into effect on July 1, grants previously made to the Council for such work are now made directly to the local authorities, and support for the Central Council must come in part through their treasuries.

The Council, after conferring with the local associations, met this situation by closing its area offices, except for one in Northern Ireland, on March 31, and is concentrating on developing its central services to be of greatest assistance to the local agencies. Among services planned are: Bi-monthly free courses for Health Education at eleven university centers in England, Wales and Northern Ireland, with occasional courses at four others. A summer school course was also held in Hertfordshire; provision and development of teaching aids for local use; and development and circulation of a series of small exhibits for health centers, hospital and clinic waiting-rooms, factory canteens, cinema foyers, and commercial show-rooms.

The Council is also adding to its list of publications for general circulation, and continues to maintain and increase its central reference library. Advice and guidance by correspondence also is an important part of its work, including reply to inquiries on personal problems, which have numbered 120,000 in the past five years. The Council's headquarters continue to be at Tavistock House, Tavistock Square, W.C. 1, London.

**Recent Visitors to New York.**—October brought the following persons into the ASHA Liaison Office, each with interest in our international program and with requests for help with his own. . . . Lady Laxmidevi Nimbalkar, Her Highness the Rani of **Phaltan, Bombay, India.** . . . Dr. Erik Uhl, Deputy Chief Medical Officer, Medical Health Service of **Denmark.** . . . Mr. Wallace Fulton, Health Educator, **Minnesota** Department of Health. . . . Mr. Charles Alspach, Acting Deputy Director, Division of Social Activities, Department of Social Affairs, **United Nations.** . . . Mr. Finn K. Tennfjord, Division of Social Activities, Department of Social Affairs, **United Nations.**



PROGRAM SUGGESTIONS  
for  
NATIONAL SOCIAL HYGIENE DAY, WEDNESDAY,  
FEBRUARY 2, 1949

Our **Social Hygiene Day** theme for 1949, "**Protect the Family . . . Stamp Out VD,**" is a challenge to every community in the land to join in this annual observance. And every community is urged to realize that modest efforts as well as more ambitious undertakings all serve to keep before the people the fundamental importance of continuing this fight for the health and well being of the country—for the safeguarding of our families—fountainhead of American strength. Every **Social Hygiene Day** observance counts. Every one is essential to overall success. Every one builds for the future.

**Social Hygiene Day** observances—ranging from single events on the **Day** itself, to regional conferences including six or seven states, and week or month-long activities in a state or community—are all important—to you and to the social hygiene movement. They mark another stride towards final victory over the venereal diseases and towards that most urgent and vital national goal—the best in family life for the American people.

To help plan your **Social Hygiene Day** observance the American Social Hygiene Association has prepared as in past years a collection of **Program and Publicity Aids** which is available upon request to the Association at 1790 Broadway, New York 19. This kit of materials includes samples of **free and inexpensive publications** for general distribution, **press and radio aids** and suggestions, helps in **programming** both for February observances and for year-round social hygiene activities. It will give you **up-to-the-minute news** in the whole field, facts and figures for speakers' use, and the latest story on publications, motion pictures and other devices for continuing and strengthening social hygiene activities.

Meanwhile, here are a few program suggestions for February, 1949:

**Meetings:** **Social Hygiene Day** meetings usually take the form of **regional conferences, statewide or community meetings** with wide representation from a variety of interested groups and from cooperating agencies and lay leadership, or **group meetings** of clubs or other organizations which devote one of their regular meeting days to a special social hygiene program.

**Special Social Hygiene Day Events:** Many communities have found that a **Social Hygiene Sunday** presents the ministry with a splendid opportunity to emphasize in sermons and church meetings the need for continuing strengthening of family life as well as the threat that venereal disease constitutes to the youth of the nation.



**Youth groups** have an especially important stake in the social hygiene program. Special community meetings of leaders of youth organizations and of young people themselves are excellent devices for carrying the social hygiene movement forward in their particular interest.

**Speakers for Your Meetings:** If there is a **Social Hygiene Society** in your community it is probably working right now on plans for **Social Hygiene Day**, including extension of observances through special meetings and special events among other organizations and groups. Ask how you can help. The Social Hygiene Society will know leaders and professional workers qualified to speak to your club, church or other groups, on any and all aspects of the social hygiene program. Other community agencies can suggest speakers on special aspects. For instance:

... Your Health Department or County Medical Society can suggest competent, informed speakers on the **public health problem** of the venereal diseases.

... The Family Service Association, Child Guidance Bureau, School Consultation Service, your local Mental Hygiene Society and church organizations should all have representatives who can discuss needs and programs in **family life education** and **counseling on marital and pre-marital problems**.

... Discussion of the extension of **integrated family life education** into the schools should be possible by securing the services of educators either from your local or state Department of Education, nearby colleges and universities—especially those already carrying curricula for teacher training in this field.

... Speakers in the field of **law enforcement** and especially in the sound **social enforcement** of laws (with accent on prevention and rehabilitation), can be secured through Bar Associations, Associations of Justices, the Crime Prevention Bureau or the Police Women's Bureau in your community, Probation and Parole Officers Associations and through Children's and Adolescents' Courts.

... Since this year marks the development of the peacetime military draft and poses for all communities many new problems and adjustments calling for maximum assumption of responsibility, there are cogent reasons for including in **Social Hygiene Day** planning, authoritative and stimulating discussions of **community action** to supplement and complement the work of the armed forces in making military service a constructive experience for young men and women. Speakers especially well equipped to make such a contribution to your **Social Hygiene Day** program would be members of the American Social Hygiene Association field staff, representatives of USO, the Community Chest or Council of Social Agencies, officers of the Armed Forces Commands, and of the U. S. Public Health Service.

**Public Information:** **Social Hygiene Day** presents the ideal opportunity to "tell all the people." Meetings are only one way of doing this. It is essential to reach people through what they read, through what they hear and see in their leisure moments. **Public information** on all aspects of social hygiene can be brought to every person in your community through **radio broadcasts** and **spot announcements**, **newspaper editorials** and **feature stories**, **film showings** at various club and social meetings, or in regular motion picture theatres.

The distribution of **printed materials** is often undertaken as a public information project by service clubs, department stores, drug stores, hotels, recreation centers, et cetera. The ASHA kit of **Social Hygiene Day Program and Publicity Aids** will suggest publications most needed and desirable for distribution in your community, and ways of securing and distributing such materials. For instance, your Health Department may be able to provide quantity lots of the ASHA leaflet *Your Pharmacist Asks You to Help Stamp Out VD* or other leaflets for distribution in drug stores; your service clubs, trade unions and business associations may be willing to provide a supply of other pamphlets for special public distribution. The **Social Hygiene Day folder**, "**Protect the Family . . . Stamp Out VD**," and certain other materials are available to you free in quantity lots to help advertise your program, and make your meeting successful.

**Publicity:** Supplementing your program of direct public education and information is publicity for your Social Hygiene Day observance. The **Social Hygiene Day kit** contains a **press book** and other materials to help plan your publicity. Social hygiene is *news*. Editors, radio and video program managers are interested. They want material—keep it coming their way. They will be delighted to give cooperation on announcements about your meeting as well as on the editorials, features, spot stories and broadcasts which are designed to serve the dual purpose of publicity and public information.

**Looking Toward Next Year:** Please keep us informed as your **Social Hygiene Day** activities develop. All communities are encouraged by knowing what you have done and your experience this year provides inspiration and guidance for future Social Hygiene Days.

Write to

THE AMERICAN SOCIAL HYGIENE ASSOCIATION

1790 Broadway

New York 19, N. Y.

for

- . . . Your kit of **Social Hygiene Day aids**
- . . . Quantity lots of the free **Social Hygiene Day announcement folder** (Pub. No. A-737)
- . . . Any specific help in making your plans
- . . . Your **Guide to Social Hygiene Day Materials**



## PUBLICATIONS RECEIVED

*Under this head the JOURNAL OF SOCIAL HYGIENE lists publications received and not reviewed. Those which fall sufficiently within its field and are of sufficient importance to its readers to warrant comment will be reviewed in later issues.*

### BOOKS

- BROMBERG, WALTER, M.D. *Crime and the Mind*. 1948. J. B. Lippincott Co., Philadelphia. 219 pp. \$4.50.
- BROWN, ESTHER LUCILLE. *Nursing for the Future*. 1948. Russell Sage Foundation, N. Y. 198 pp. \$2.00.
- CANADIAN YOUTH COMMISSION. *Youth, Marriage and the Family*. 1948. Ryerson Press, Toronto. 234 pp. \$2.00.
- GRUMBINE, SAMUEL J., M.D. *Frontier Doctor*. 1948. Dorrance & Co., Philadelphia. 284 pp. \$3.00.
- GOLDMANN, FRANZ, M.D. *Voluntary Medical Care Insurance in the United States*. 1948. Columbia University Press, N. Y. 228 pp. \$3.00.
- HARRIES, E. H. R., M.D., AND MITMAN, M., M.D. *Clinical Practice in Infectious Diseases*. 1947. E. & S. Livingstone, Ltd., Edinburgh 679 pp. \$6.00.
- HENRY, GEORGE W., M.D. *Sex Variants*. 1948. Paul B. Hoeber, Inc., N. Y. 1130 pp. \$8.00.

### PAMPHLETS, LEAFLETS, AND REPORTS

#### Annual and Special Reports

- ELY, MARY L., Editor. *Handbook of Adult Education in the United States*. 1948. Institute of Adult Education, Teachers College, Columbia University, N. Y. 555 pp.
- A HEALTH PROGRAM FOR COLLEGES. *A Report of the Third National Conference on Health in Colleges*. 1948. National Tuberculosis Association, N. Y. 152 pp.
- ADOPTION IN NEW YORK CITY. *Report of an Inquiry into Adoptions and Related Services by the New York City Committee on Adoptions*. 1948. The Welfare Council of New York City. 99 pp. \$1.25.
- PREVIEW OF OPPORTUNITIES FOR EXPERTS IN THE MEDICAL SERVICE CORPS. 1948. Department of the Army, Office of the Surgeon General, Washington, D. C. 15 pp.
- CLARKE, JAMES MITCHELL. *The Cuyamaca Story*. 1948. Prepared for the San Diego City-County Camp Commission, San Diego, California. 32 pp. \$.30.
- HIGHLIGHTS OF THE NATIONAL CONFERENCE ON FAMILY LIFE. Held May 5, 6, 7, 8, 1948 in Washington, D. C. 1-99 copies, 15¢; 100 or more, 10¢; published by National Conference on Family Life, 10 East 40th Street, New York 16, N. Y. 23 pp.
- ROCKEFELLER FOUNDATION, INTERNATIONAL HEALTH DIVISION, ANNUAL REPORT, 1947. 209 pp.
- UNIFORM CRIME REPORTS FOR THE UNITED STATES AND ITS POSSESSIONS. Federal Bureau of Investigation, Semi-annual Bulletin. 1948. 71 pp.

### IN THE PERIODICALS

#### Of General Interest

- PUBLIC HEALTH NURSING, September, 1948. *Health Councils*, John W. Ferree, M.D.

#### Sex Education, Marriage and Human Relations

- CHILD STUDY, Fall, 1948. *Trends and Goals in Sex Education*, H. E. Davis.
- THE CHILD, August, 1948. *Uphold Rights of Parent and Child*, Inez M. Baker.
- CHILDHOOD EDUCATION, September, 1948. *The Family Comes First*, Rhoda W. Baemeister; *Does America Care for Its Children?*, Martha M. Eliot and Marion L. Faegre; *A Community Program for Child Development*, Miriam E. Lowenberg.
- COSMOPOLITAN, October, 1948. *Are Those Marriage Manuals Any Good?*, Jean Libman Block.
- HYGIEIA, September, 1948. *Teaching Sex to Children*, Herbert Popenoe.



- JUNIOR LEAGUE MAGAZINE, November, 1948. *Parents Are Experts, Too*, Eleanor Hard Lake.
- MONTHLY BULLETIN INDIANA STATE BOARD OF HEALTH, September, 1948. *Family Living as a School Subject*, Reuben Behlmer.
- NATIONAL PARENT-TEACHER, September, 1948. *What the American Family Wants and Needs*, R. J. Havighurst.
- PARENTS' MAGAZINE, September, 1948. *A Challenge to Mothers*, O. Spurgeon English, M.D., and Constance J. Foster.
- WISCONSIN STATE BOARD OF HEALTH BULLETIN, September-October, 1948. *Social Hygiene at Mayville*, Lucille Myron Phillips.

### Youth in the World Today

- FOCUS, September, 1948. *Crime and the Child*, Robert Lindner.
- THE JOURNAL OF NEGRO EDUCATION, Fall, 1948. *The Relationship of Juvenile Delinquency, Race, and Economic Status*, John T. Blue, Jr.

### Health Education

- PUBLIC HEALTH NURSING, September, 1948. *The New Look in Health for Children of School Age*, Leona Baumgartner, M.D.
- AMERICAN JOURNAL OF PUBLIC HEALTH, September, 1948. *Community Resources for Health Education—How Well Are They Being Utilized in the School Program?*, B. J. Roberts and George James, M.D.
- CANADIAN NURSE, August, 1948. *Opportunities for Health Education in Industry*, Mary Rowles.
- CONNECTICUT HEALTH BULLETIN, September, 1948. *A Generation of 'Syphilis Blood Testing*, R. M. Cowdell.
- JOURNAL OF EDUCATIONAL SOCIOLOGY, September, 1948. *The School and National Health*, Leonard A. Scheele; *Working Together for Better Health Education*, Mabel E. Rugen; *Social Aspects of Health Education*, C. E. Turner.

### Public Health and Medical

- AMERICAN JOURNAL OF PUBLIC HEALTH, August, 1948. *Changing Attitude of the Army with Regard to Venereal Diseases*, Editorial.
- October, 1948. *Recent Developments in the Treatment of Syphilis*, Evan W. Thomas, M.D.
- AMERICAN JOURNAL OF TROPICAL MEDICINE, July, 1948. *Chemotherapy of Lymphogranuloma Venereum*, G. Rake.
- BULLETIN, U. S. ARMY MEDICAL DEPARTMENT, October, 1948. *Venereal Disease Among Inductees*, B. D. Karpinos.
- November, 1948. *Recommended Changes in the Treatment of Early and Latent Syphilis*.
- JOURNAL OF VENEREAL DISEASE INFORMATION, October, 1948. *A Macroflocculation Test for Syphilis Using Cardiolipin-Lecithin Antigen: Preliminary Report*, Ad Harris, A. A. Rosenberg and E. R. Del Vecchio; *The Modern Venereal Disease Problem and Its Sex Education Front*, J. H. Stokes, M.D.; *The Tabloid Newspaper as a Medium of Mass Public Venereal Disease Education*, Charles R. Freeble, Jr., M.D., and Arthur Robinson.
- November, 1948. *The Use of Culture Tests in the Diagnosis of Gonorrhea*, Max R. Kiesselbach, M.D.; *Results of Culture Tests Among Patients Referred for Gonorrhea Treatment by Hypospray*, Harold H. Davidson, M.D., and Maurice C. Shepard; *Men Who Contract Venereal Disease*, Morris W. Brody, M.D.; *Reinfection Following Late Syphilis*, George E. Peabody, M.D., and Bruce Webster, M.D.; *Contact Investigation in Unorganized Georgia Counties*, C. D. Bowdoin, M.D., and C. S. Buchanan.
- NEW YORK STATE JOURNAL OF MEDICINE, August 15, 1948. *The Physician and the Venereal Disease Patient*, L. E. Luehrs, M.D.; *False Serologic Tests for Syphilis in Infants of Treated Mothers*, Dabney Moon-Adams, M.D.
- PUBLIC HEALTH NURSING, October, 1948. *Preventing Blindness from Ophthalmia Neonatorum*, Franklin M. Foote, M.D.
- TEXAS REPORTS BIOL. & MED., Summer, 1948. *Problem of Syphilis in the Negro Race*, C. N. Frazier.
- U. S. NAVAL MEDICAL BULLETIN, July-August, 1948. *Six Atypical Cases of Syphilis*, James F. Morrell.
- September-October, 1948. *Venereal Disease Among Naval Prisoners*, L. Z. Fredman.

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